

VIRTUOUS, INVISIBLE AND  
UNCONCERNED: NURSES, NURSING AND  
THE MEDIA.

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## **Abstract**

This study, underpinned by a hermeneutic methodological strategy, investigates how British nurses make sense of representations of nurses in the popular media, and their perceptions of the potential implications of media representations for nursing as a profession and their own sense of self. The study was designed because of a number of factors: the popularity of hospital dramas and the increasing prevalence of hospital based ‘fly on the wall’ television programmes, a plethora of press coverage about the poor quality of nursing care, concerns from the nursing profession that the media representation of nurses have a detrimental effect on the nursing profession and nurses’ sense of self, and a scarcity of research which has explored nurses’ perceptions of representations of nurses in the popular media.

Twenty-five nurses from a broad spectrum of nursing areas were recruited to the study. Eighteen participated in focus groups and a further seven nurses were interviewed individually. A thematic analysis of participants’ descriptions, perceptions of, and emotional response to the representation of nurses in the media, revealed that nurses hold diverse, contradictory and ambivalent views of media representations. Whilst the way nurses describe representations in the media is consistent with previous research, which argues that nurses are represented by a number of stereotypes, there are novel and significant findings presented in this thesis, which may have implications for the nursing profession. The study reveals that some nurses hold a virtuous understanding of the profession and secondly, that some nurses hold a stereotypical understanding of nurses. Despite participants dismissing the media as ‘just entertainment’, having no consequence to the status of the profession or their sense of self, they nonetheless expressed concern at the ‘negative’ way they were represented in the media. Consequently, there is a need for nurses to challenge both existing media representations and the way they talk about nurses and the profession.

**Keywords:** Nursing, Nurses, Stereotypes, Image, Media, Representations, Recruitment, Television Hospital Drama

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## **Introduction**

This thesis concerns how British nurses make sense of representations of nurses in the popular media and their perceptions of the potential implications of media representations for nursing as a profession, and for their own subjective sense of self. This section will introduce the reader to the context, rationale and scope of the thesis, including where this work is positioned within the current professional and academic debate concerning the representation of nurses in the media and within contemporary understandings of professional nursing practice. This section also introduces the epistemological and theoretical perspective underpinning the formulation of the research aim and questions, and the methodological approach implemented.

My interest in this field of inquiry came partly from my own awareness of the representation of nurses in the popular media. As a British student nurse, and later as a registered nurse in the 1990s, I felt that the media, television drama, comedy and the news polarized the representation of nurses in to two opposing categories of good and bad, representing nurses as either angels and/or handmaidens or whores and battleaxes. This was both undermining to my own sense of self and demeaning to the status of nursing as a profession. In particular, I felt strongly that the media representation of nurses did not reflect the diversity of nursing practice, nor the level of skill and knowledge required of nurses. On becoming a nurse academic in the year 2000, I began to reflect more fully on the representation of nurses in the media and I was increasingly conscious of the proliferation and popularity of hospital television dramas and 'reality' documentaries, as well as a plethora of press coverage about the poor quality of nursing care. Alongside the whore and battleaxe stereotypes I felt that accusations within the news media that some nurses were 'bad', contrary to the dominant nursing myths of 'angels' and handmaidens, was demonizing nurses in an over generalised, gendered and polarized way. This press coverage related particularly to media reports and a public outcry concerning above normal mortality rates at the Mid Staffordshire NHS Trust. This led to the Francis Report (MSNFT 2013), a Public Inquiry, which identified that nurses were providing poor quality nursing care. Acknowledging all this, two key questions troubled me: could images

of nurses have implications for recruitment into the profession and nurses' own sense of themselves?

As I started working on the thesis, it became apparent that my concerns were replicated in the academic literature and within the profession itself. I also observed that the attention that nursing has paid to the media representation of its own profession was far greater than other professions paid to theirs. As Darbyshire (2013, p.54) states, with other "pressing issues and concerns facing nursing and healthcare" why is the media representation of nurses constructed as an issue deserving of such attention? My supposition was that the nursing profession's concern with the media representation of nurses derives from the assumption that their representation as a gendered and demonised occupation has significant consequence for the status of the profession itself. As Kelly et al. (2012) maintain, "Nursing's own interest in its image evidences self-conscious introspection that may reflect a discomfort with professional identity that is bound with nursing's humble origins as a form of gendered and class-bound domestic work" (Kelly et al. 2012, p.1804).

As a nurse academic I share the concern that the representation of nurses may have consequences for the profession, particularly the way in which nursing is constructed as a form of gendered work, so my presence and outlook has undoubtedly impacted on the shape of this study and the position I have taken in relation to it. However I do not consider this a limitation of this work, for in assuming a hermeneutic perspective, this thesis is based on the assumption that, meaning is achieved through the interpretation of text, in this case the academic literature and the participant's data. Therefore the interpreter's historical and cultural contexts, my own prior understanding, is seen as critical and integral to the hermeneutic endeavor (Higgs et al. 2012). Furthermore, hermeneutics, by its very nature, is reflexive as the researcher is called upon to highlight her own positioning within any interpretation which takes place throughout the research process. As Gadamer (1996, p.398) states, "all understanding is interpretation", therefore my prior understanding, which is shaped and determined by my historical and cultural context constitutes my ability to both understand and interpret text.



A reflexive process was applied throughout this research, it is demonstrated throughout by evidence of self reflection and continual engagement with the research process and with my own pre understanding and positioning. Throughout the thesis, I have articulated my research decisions, interrogated key assumptions within the literature and the data related to media representations, I have also questioned the overarching assumption in the academic and professional literature that the representation of nurses is problematic, and that representations have a detrimental effect upon both nurses and the profession.

This reflexive engagement with both the literature and the data has involved a determined journey of thought, uncertainty, indecision, self reflection, listening, questioning, writing and rewriting. This has resulted in a more sophisticated, complex, extended and enriched understanding of media representations than I have previously found elsewhere.

The media representation of nurses in the media, particularly television and film, has received considerable professional and academic attention since the early 1980s, though this has focused predominately on nursing stereotypes. However, more recently, the nursing profession has been subject to intense media and public scrutiny, reproduced within the news media, concerning the quality of nursing care (Darbyshire 2013), this discourse has not been subject to the same academic consideration. Accusations of poor quality care, as exemplified by the Francis Report (MSNFT 2013), has provoked a variety of policy responses emphasising the necessity for compassionate practice in nursing (DOH 2012; Royal College of Nursing 2012; MSNFT 2013).

The contemporary push within the UK nursing profession for compassionate care also occurs alongside a debate within both nursing and public discourse, including the media, which concerns the contemporary nature and scope of nursing practice (Royal College of Nursing 2012). This also links to an ongoing debate related to degree level nurse education (Meerabeau 2003; RCN 2012). A major part of this discourse argues that whilst a graduate profession may lead to a highly skilled and technical workforce, it is not required for a caring and compassionate profession (Gillett 2012; RCN 2012). This debate, Gillett (2014) argues, reveals a nostalgic,

idealised view of nursing, which proclaims that there was a ‘golden age’ of nursing to which we must return, when nursing was a primarily a vocational and virtuous profession. This evocation of nursing’s past as a ‘golden age’ is reproduced in historical television drama and the news media when they frequently stereotype nurses as angels and handmaidens (RCN 2012).

Whilst the occupation of nursing, at its foundation in the 19<sup>th</sup> century, was considered primarily a virtuous role for women that required no education (Oakley 1984), this is no longer the ‘reality’ of contemporary nursing practice. Nursing is now an all graduate profession, which is diverse, complex and dynamic, requiring simultaneously knowledge, skill care and compassion (RCN 2012). However, there is a suggestion within public and professional discourse that knowledge and care are mutually exclusive and this is evidenced in debates in which arguments are made for a move away from an all graduate profession (Meerabeau 2003; Gillett 2012). In addition, the persistence of the angel and handmaiden stereotypes, which represents nurses as virtuous, with no requirement for education, further supports the assertion, reproduced within the media, that nurses are “too educated to care” and therefore a degree is not required to be a good nurse (Miers 2000; Meerabeau 2004, p.291).

The belief that care and knowledge are mutually exclusive has its origins in a gendered division of labour, which occurred in the early 19<sup>th</sup> century; this division of labour was determined by a person’s sex, separating the private and public spheres (Oakley 1984; Walby 1990). Responsibilities of care were confined to women in the private sphere (home), whilst skill and knowledge were associated with men and the public sphere. This division attributed greater reward and status to roles attributed to the public sphere (Oakley 1984; Walby 1990).

The assertion that skill and care are mutually exclusive and the persistence of representations of nurses as angels and handmaidens threatens graduate nursing and dilutes the diversity and complexity of contemporary nursing practice. As the Willis Report (2012, p.4) argues, it is “totally illogical to claim that by increasing the intellectual requirement for nursing, essential for professional responsibilities such as prescribing, recruits will be less caring or compassionate”. Moreover such

accusations are not made against other caring professions and there is no evidence to support that this is the case for nursing, indeed research indicates that graduate nurses have a positive impact on patient care (Aiken et al. 2003; RCN 2012; Hayter 2013).

In terms of the popular media, nurses have been represented on the television and in film since the foundations of the nursing profession (Darbyshire 2013). The most prevalent portrayals of nurses have been found in television hospital drama (Jackson 2009). Indeed, since the 1950s, commencing with *Emergency Ward 10* (1957-67), hospital dramas have been an enduring and popular staple on British television (Hallam 2000). Currently there are twelve hospital dramas broadcast on British terrestrial and satellite television; the majority of these are produced in the United States of America (USA) (Appendices A and B). To date, two of the most popular hospital dramas with the viewing public are the British hospital drama, *Casualty* (1986- ), and the American hospital drama, *ER* (1994-2009) (Jacobs 2003). *Casualty* (1986- ) is a long running hospital drama following the lives of people who attend a fictional Accident and Emergency department of a general hospital. It attracts 6 million viewers a week and it is positioned as one of the top 50 'most in demand' programmes across all platforms, including online streaming (Broadcaster Audience Research Board 2016). *ER* (1994-2009) was an American hospital drama that followed the day-to-day running of an Accident and Emergency department in Chicago. It attracted 25 million viewers at its peak in 2009 (Berger 2010). In recent years, 'fly on the wall' or 'reality' television programmes that concern the day-to-day running of hospital wards and NHS departments have also been popular with the viewing public (Broadcaster Audience Research Board 2016). For example, *24hrs in A and E* (2014- ), follows patients and staff at an Accident and Emergency department at St Georges Hospital, London over a twenty-four hour period. Each episode is viewed, on average, by three million viewers each week, and in January 2016, it was in the top ten of the most watched programmes in Britain (Broadcaster Audience Research Board 2016). The popularity of contemporary 'reality' television, which concerns health, indicates that the public appetite for programmes concerned with health and medicine continues.

Representations of nurses in the media, particularly those featured in hospital television drama, have been subject to widespread criticism from the nursing profession since the 1980s (Salvage 2015). Professional representatives argue that the media do not portray an accurate view of nursing, overlooking nurses' real contribution to healthcare, ignoring the diversity of nursing practice and contributing to nurse shortages (Scottish Executive 2006; Nursing Times Net 2012; Darbyshire 2013). This has led to a governmental level response, with the 'Modernising Nursing Careers' report calling for a change from stereotypes and 'outdated' images of nursing in the media, to more up to date images of nursing careers (Scottish Executive 2006). This report has also stimulated various marketing campaigns throughout the National Health Service which have focused on rebranding the image of nursing, to improve recruitment into, and retention within, the profession (Maben and Griffiths 2008; Simpson and Strachan 2009; Morris 2010). These campaigns have been considered particularly important in terms of addressing nurse shortages and an increasing demand for nursing care (Scottish Executive 2006).

Contemporary nursing practice is increasingly pressurised in terms of workload, tighter budgets and the rising expectations of the public (RCN 2012). Moreover, the profession is overstretched by nurse shortages and an increasing demand for nursing care (Scottish Executive 2006). These increasing demands are a result of changes in demographics, specifically an ageing population; people living longer with long term conditions and disabilities, an ageing nursing workforce that will need to be replaced, changing patterns of health and disease, advances in care and treatment, shifts to more care in community settings and continuing social inequality (Royal College of Nursing 2012, Buchan et al. 2015). Moreover, these pressures also occur alongside rapid organisational change, changes in nursing roles, expanding scope of practice, focus on competencies and ability to perform technical tasks and the integration of health and social care (Casey et al. 2015, RCN 2012).

Two British nursing magazines have conducted lengthy campaigns since the 1980s to try and improve the image of nurses in the media. The first, the *Nursing Times*, has, since 1983, run an awareness campaign, entitled the 'Public Image of the Nurse' to improve the public opinion of nursing. Most recently, they have run online blogs

focusing on the implications of media representations for nursing (Nursing Times Net 2012). The second, the *Nursing Standard* (2004), a house journal of the Royal College of Nursing, has also run a campaign, in collaboration with the RCN entitled '*Nursing the Future*'; its purpose is to enhance the image of nursing and midwifery in the United Kingdom (Berry 2004; Waters 2005).

Whilst discontent from British nursing organisations is apparent, a more concerted campaign concerning media representations is evident in the USA. Indeed, as a reaction to what they call 'harmful depictions' of nurses in the media, the Centre for Nursing Advocacy was set up in 2001 to improve public understanding of nursing and to advocate for more accurate portrayals of nurses (Summers and Summers 2015). Summers (2015), the founder of the organisation, argues that the media add to the lack of understanding in society about what nurses do, and this leads to problems with recruitment and ultimately poorer patient outcomes.

In reaction to the belief that the media contribute to the poor public opinion of nursing, and in turn have a negative impact on recruitment, there have been marketing campaigns in America to improve the representation of nurses in the media. For example, the 'Campaign for Nursing's Future', sponsored by the pharmaceutical company Johnson and Johnson, was established in 2002 in response to nurse shortages in North America. The purpose of this campaign was to improve the public opinion of nursing and attract more people into a nursing career (Seago 2006). The campaign, to date, has supported research studies and produced marketing campaigns to improve the image of nursing in North America (Gordon and Nelson 2005).

Representations of nurses in the popular media, particularly in film and television, have also been subject to extensive consideration by nursing academics since the 1980s (Darbyshire 2013). In addition, there is also literature from sociology, media, gender and cultural studies, which considers nurse representations in the media and the potential implications for the nursing profession (Hallam 2000; Jacobs 2003; McHugh 2012). This academic debate argues that 'negative' and 'inaccurate' representations affect the public image of nursing, in turn affecting recruitment into

the profession, contributing to nursing shortages and ultimately affecting nursing care (Kalisch and Kalisch 1986; Bridges 1990; Fletcher 2007; Kalisch et al. 2007; Maben and Griffiths 2008; Morris 2010; Darbyshire 2013; Summers and Summers 2015; Jones-Berry 2016). In addition, there are claims that recurring and persistent ‘negative’ representations of nurses, throughout various media, may affect nurses’ self-concept and self-esteem, in turn affecting retention and nurses’ ability to deliver effective care (Kalisch and Kalisch 1983a; Bridges 1990; Gordon 2005; Darbyshire and Gordon 2005; Salvage 2006; Kalisch et al. 2007; Summers and Summers 2015).

The majority of the literature in this field is informed by systematic media analysis, particularly that undertaken in the 1980s by American scholars Kalisch and Kalisch (1986). This work identified that nurse characters in film, television and novels, were represented as a narrow set of types: angels, handmaidens, naughty nurses and battleaxes (Kalisch and Kalisch 1987). Whilst this seminal work is useful, as it offers a broad account of how women nurses have been represented in the popular media, it is now over thirty years old. Nonetheless, it underpins much of the subsequent literature in this field and has been used to inform much of the British academic debate on the representation of nurses in the media, despite the differences between British and American media cultures and healthcare systems.

Some of the academic debate has also focussed on the role of gender in this construction of nurses in the media, particularly its function in the stereotyping of nurses who are women. It is argued that these representations are part of a wider discourse concerning the devaluation of women in society (Hallam 2000). Muff (1982), Salvage (1985), and more recently Hallam (2000), argue that nurse representations reproduce myths of femininity, with women nurses represented through a limited number of female stereotypes as identified above. Myths are understood in this literature as social constructs which have evolved throughout history and are naturalised as ‘normal’ within specific cultures and historical periods, despite having little basis in ‘reality’ (Macdonald 1995; Barthes 2009). This understanding of myth, informed in particular by the work of Roland Barthes (2009), is the one deployed throughout this thesis.

The literature in this field also claims that representations have changed over time, and some contemporary research argues that nurses are now represented in a more progressive light. This is attributed to both the changing status of women and the changing nature of nursing practice (Hallam 2001; Stanley 2008). Despite this, the academic literature still maintains that nursing stereotypes and ‘inaccurate’ representations of nurses, continue to be reproduced in the popular media and, as such, it is argued that this will affect the status of the profession and both recruitment into the profession, and nurses’ sense of self (Darbyshire 2013; Summers and Summers 2015). Furthermore, there is also an anecdotal suggestion which claims that nurses themselves may be implicated in the perpetuation of stereotypes about nurses (Gordon and Nelson 2005 and Price et al. 2013). It is argued that nurses themselves reinforce virtuous images of the profession and hold a stereotypical understanding of the profession which is damaging to the status of the profession (Price and McGillis Hall 2014; Salvage 2015).

On consideration of the academic and nursing profession’s response to nurse representations, I found that despite claims that representations in the media affect both recruitment into the profession, and how nurses feel about themselves, there is relatively little evidence that substantiates this. Indeed, the academic debate is primarily informed by the now dated American work and assertions of Kalisch and Kalisch (1986). A further problem with this established literature is that Kalisch and Kalisch (1980-2007), and others, make an assumption about the role of the media and the impact this has on viewing audiences (Bridges 1990; Summers and Summers 2015). This literature assumes that the media creates meanings about nurses, which are passively absorbed by the audience and this, in turn, has implications for the status of nursing, recruitment and nurses’ sense of self. These assumptions reflect the premise of ‘media effects theory’, or the ‘hypodermic approach’, which argues that meanings are produced by the media, and passively accepted and acted on by the audience (Altheide 1985). The assertion, that the media has an affect on the status of the profession, appears to have been uncritically accepted within much of the academic literature, despite more contemporary media theory, which contends that audiences actively negotiate and contest meanings (Hall 1997).

Initially, I also applied this simplistic notion of the media to my own conception of nurse representations, believing that representations would be accepted wholeheartedly by the viewing public, and that this would have implications for the profession. However, through my research journey, in taking a social constructionist epistemological perspective, and in line with current media theory and contemporary consideration of nurse representations, I now come from the position that audiences are socially situated, actively negotiating and contesting a variety of meanings. Representations in this understanding do not have a single and unified meaning but have multiple meanings, which depend upon audience negotiation (Hall 1997; Fiske 2011).

Indeed, in utilising the term ‘representation’ throughout this thesis, defined by Hall (1997, p.28) as “the production of meaning through language”, meaning is produced through the ‘work’ of representation, which includes how we think and talk about representations (Hall 1997). This challenges media effects theory, which asserts that meaning is reflected by the media and thereafter is passively accepted by audiences (Altheide 1985).

Academic debate in this field also contends that the media does not act in isolation, but reproduces a discourse about nursing which already circulates within society (Hallam 2000; Dahlborg-Lyckhage and Pilhammer-Anderson 2009). Nursing discourse in this study is defined as a way of referring to nurses; through a collection of ideas, images and practices. As Branston and Stafford (2006, p.161) assert, the media “fold into everyday life”. Likewise, from a social constructionist perspective, the media can be seen as only one part of a cluster of ideas, images and practices, which circulate about nursing. My position here, then, is that the media helps construct, reproduce and maintain a dominant discourse about nursing, which maintains the ‘status quo’ and restrains change (Holloway 1992; Hansen et al. 1998; Hallam 2000).

Furthermore, criticisms of nursing within public discourse, including the media, about the quality of nursing care and a plethora of nursing stereotypes, undermine the diversity and complexity of the profession. As Fealy (2012) argues, nursing



representations constitute public discourse and can influence how nurses meet key challenges, global nursing shortages and nurses relationships with the public and other professions. In addition, the way the media, which reproduce a public discourse, represent nurses, plays some part in constructing what nursing is, defining and confining nursing within particular characteristics (Fealy 2012).

There is a poverty of research which explores how nurses make sense of media representations, this is despite expressed concerns from the nursing profession and within the theoretical literature, that representations of nurses in the media have implications for nursing as a profession and nurses' own sense of self, and the assertion that nurses are perpetuating representations that are harmful to the profession,. Indeed, an extensive literature review found only three studies which focussed on student nurses' perceptions of the representations of nurses in the media (Hereford 2005; Cullen 2012; Weaver et al. 2013b).

These three studies, one Australian based and two American based, considered student nurses' perceptions of film and television representations of nurses. The student nurses in the study identified stereotypes, which they stated, were both 'negative' and 'inaccurate'. These stereotypes, they asserted, would deter people from joining the profession. These studies did not consider if identified representations affected nurses' subjective sense of self. In addition, whilst these studies give us an insight into student nurses' perceptions, they do not consider the views of qualified nurses. Furthermore, whilst these studies give us an insight into American and Australian student nurses' perceptions of media representations, they do not provide a British nurses' perspective, which may differ in light of the differences in healthcare and nursing practices within these countries.

Given the current 'bad press' concerning the quality of nursing care, the suggestion that nursing stereotypes reoccur across various media, the popularity of hospital dramas and the increasing prevalence of 'fly on the wall' television programmes concerning the day-to-day running of hospital wards and NHS departments, it is essential to understand how the representations of nurses in the media are perceived by nurses themselves; how they feel media representations affect their own

subjective sense of self and the status of the profession. Whilst a concern regarding the potentially damaging influence that media representations may have for nursing and nurses has been identified in the literature, this has not been explored with British nurses. Furthermore, the assertion that nurses themselves are reinforcing virtuous images of the profession and holding a stereotypical understanding of the profession, presents a further justification for research that explores representations from a nurses' perspective.

In this context, the following aims and research questions were produced:

### **Research Aims**

To investigate how British nurses make sense of representations of nurses in the popular media.

To examine British nurses' perceptions of the implications of media representations for nursing as a profession, and for their own sense of self.

### **Research Questions**

How do nurses understand representations of nurses in the popular media?

To what extent do nurses think media representations have implications for recruitment into the profession?

To what extent do nurses think media representations have implications for their own sense of self?

### **The Approach**

Previous research in this field has been dominated by systematic media analysis, questionnaires and surveys, which adopt a positivist approach. This approach seeks an objective reality, which is fixed and absolute, regardless of the meanings we attribute to it (Polit and Beck 2014). However, this thesis is underpinned by a social constructionist epistemology, in the belief that knowledge and meaning are socially constructed, as opposed to stable and absolute (Crotty 2009). This

naturalistic/relativist position assumes that reality is multiple and subjective and is created through our interactions with others (Burr 2003). From this perspective, I was not searching for an objective 'reality' or 'truth', but instead, I was interested in the quality, meanings and nature of the participant's own narrative in relation to the representation of nurses in the popular media.

Social constructionism takes the position that all meaningful reality is socially constructed through language, therefore, when we talk about the world we are constructing meaning (Berger and Luckmann 1971; Burr 2003). This meaningful reality is also culturally and historically dependent. From this position, then, different 'realities' exist and are dependent on our own cultural and historical contexts. In taking this position, I am asserting that the media, nurse representations and nurses' interpretations of them, are social constructs, which are both historically and culturally dependent.

In order to address the aims and the research questions, it was necessary to embrace a theoretical perspective which would allow an in depth exploration of nurses' interpretations of nurse representations in the media. This required a flexible and interpretative approach, which would allow nurses to articulate fully their understandings of representations. Hermeneutics, the theory of interpretation, was considered an ideal theoretical position to underpin the research. Hermeneutic theory emphasises that understanding and interpretation are shaped by historical and cultural contexts (Bentz and Shapiro 1998, p.40). Dowling (2004) identifies two assumptions of hermeneutics; firstly that we experience the world through language, and secondly, that this language provides us with meaning. This perspective also compliments a social constructionist epistemology, since a central tenet of social constructionism is that meaning is created through language.

The methodological strategy adopted is, therefore, hermeneutic inquiry. Hermeneutic inquiry is an inductive and qualitative strategy which is concerned with accessing and understanding people's 'meanings' and 'intentions', both in written and verbal dialogue (Kinsella 2006). Hermeneutic inquiry provided an appropriate approach to this study, as I was particularly interested in how nurses interpret

representations of nurses in the media. In aiming to understand nurses' interpretation of representations, a hermeneutic approach facilitated a consideration of the dynamic and complex nature of nurses' relationships with the representation of nurses in the media. A particular strength of a hermeneutic strategy is that it places me, the interpreter, and my own foregrounding as crucial to the interpretative process. This assumes a shared understanding between the participants and myself; my perspective, therefore, is not bracketed from the interpretation, but is an integral part of it. This is particularly important since I am a British nurse by profession and therefore I have a closeness to the field of inquiry, sharing a professional commonality with the participants.

## **The Method**

As the aim of this study was to explore how British nurses make sense of representations in the popular media, twenty five British nurses from a broad spectrum of nursing areas, ranging from nurse educators to community nurses, were recruited. Eighteen nurses participated in focus groups and a further seven nurses were interviewed individually.

Focus groups were considered appropriate for this research because they allow a careful consideration of nurse representations from a nurse's perspective. Focus groups allow a large amount of data to be collected quickly, this is useful when little is known about a subject, as is the case for this thesis (Barbour 2005). Group interactions are also important from a social constructionist perspective as meanings from this position are produced through language and interaction with others (Burr 2003). Focus groups were therefore ideal for uncovering the dynamic processes through which nurses talk about, and construct meanings about, representations with other nurses in a group.

In depth interviews with participants were conducted in this study after the focus groups, to allow a further exploration of nurses' perceptions. Unstructured face to face interviews also allowed an in depth consideration of individual nurse's perceptions of nurse representations, which related to the representation of nurses and their own sense of self. This level of personal and individual discussion,

concerning how media representations affected how participants' felt about themselves, may not have been possible in focus groups.

## **The Scope**

This thesis, which focuses on nurses' perceptions of nurse representation in the media, also sits within wider academic debates regarding the public opinion of nursing. This debate suggests that the public image of nursing has implications for both recruitment into the profession, and nurses' sense of self (Ten Hoeve et al. 2014). As such, this debate is engaged with at various points in this thesis.

As the academic debate which concerns the representation of nurses in the media goes beyond the nursing literature, I adopt a hybrid approach in this thesis, drawing on literature from different academic disciplines including, media sociology, gender and cultural studies. In addition, my own academic background within both social science and nursing has also impacted on the direction of this thesis. This thesis, therefore, adopts an interdisciplinary approach, bringing together a variety of vantage points, allowing me to answer the questions posed in a sufficiently thorough and rigorous manner. This eclecticism also allows a more holistic, comprehensive and multifaceted account of nurses' representations than previously undertaken, and this is a particular strength of this work. Despite the interdisciplinary nature of this thesis its primary focus is on how British nurses make sense of representations of nurses, and therefore any implications arising from this work have consequences on the whole for the nursing profession.

This study, taken from the perspective of a wider variety of nurses than previously considered in comparable research, and the first from a British nurses' perspective, generates new knowledge, which will lead to a greater understanding of nurse representations in the popular media and the implications of such for nurses and the nursing profession.

## **Layout of the thesis**

Following on from this introduction, I present five chapters which provide a critical and in depth account of the research undertaken. Chapters One and Two present a critical exploration and evaluation of academic literature which relate to the aims of this thesis. Chapter One provides a critical evaluation and synthesis of academic literature relating to how nurses are represented in the media and Chapter Two critically evaluates the academic literature relating to the potential implication of these representations for nurses as individuals, and for nursing as a profession. These two chapters locate the study in a conceptual terrain and identify new areas for academic investigation. In Chapter Three I present a critical and reflective analysis of the research design and methods utilised, making explicit the research decisions made. Following on from this, Chapters Four and Five present a detailed critical discussion of the data to emerge from the rigorous process of thematic analysis. Chapter Four discusses key themes identified in nurses' descriptions of representations and Chapter Five presents key themes relating to nurses' perceptions of, and emotional response to, representations in terms of the wider implications for the nursing profession and nurses' sense of self. Finally, I present the Conclusion, and consider how this work addresses the aims and research questions. I reflect on how the findings both enhance and extend the body of academic knowledge, and how these findings have implications for individual nurses and the nursing profession. Finally, I provide a reflection on my own experiences of the research process.

## **Chapter One: Representations of Nurses in the Media: A Literature Review**

This chapter presents a synthesis and critical exploration of existing academic literature concerning representations of nurses in the media. This allows the identification of key issues in the literature, which have informed the direction of the thesis. Firstly, I explore the empirical work of Kalisch and Kalisch (1980-2007) who have undertaken the most extensive work on nurses in the media. Following this, I examine the literature on nursing stereotypes and explore, through theoretical debate, how this is determined by the social construction of gender. Thirdly, I explore media representations of nurses who are men, and finally I examine the assertion that media representations of nurses have changed over time.

The aims of this thesis provided an initial structure to this review (Chapter One and Two), which was then structured thematically, determined by reoccurring issues highlighted in the literature. This allowed a critical overview of the context and an illumination of the key areas of academic discussion on representation of nurses in the media and the potential implications of such. These key categories were reviewed and amended throughout as the literature review progressed and form the chapter and section headings of this review. With reference to the aims of this thesis, this review also allowed me to consider if a nursing perspective of these key issues had been sought through research, and post data collection, and to consider if nurses' perspectives of nurses representations are similar, or differ in any way to the academic discussion.

Relevant empirical research and theoretical literature were identified systematically through a number of academic nursing, social science and media search engines. These included the Cumulative Index of Nursing and Allied Health Literature (CINAHL), the Allied Social Science Index and Abstracts (ASSIA), Social Science Citation Index, PubMed, PsycINFO and Communication and Mass Media Complete (CMMC). Searches were conducted on, amongst others: nursing image, images of nursing, nurses in the media, representations of nurses, nurses in television, nurses in film and nurses' perceptions of image. After an initial search, I used a snowballing

technique to look for re-occurring references within reference sources appropriate to the main aspects of this thesis. Literature searches were conducted between 2008 and 2015. These were reviewed again between 2015-2016 when the literature was revisited to ensure it was current and relevant, immediately before, and after data collection.

Images of nursing in the media have received considerable attention over the last thirty six years from academics and the nursing profession. Researchers have analysed images of nurses and nursing on **television**, (Kalisch et al 1982a; Kalisch and Kalisch 1982b; Kalisch et al. 1983; Kalisch and Kalisch 1985; Kalisch and Kalisch 1986; Kalisch and Kalisch 1987; Turow 2012; McHugh 2012; Weaver et al. 2013a), in **film** (Kalisch et al. 1980; Kalisch and Kalisch 1983b; Kalisch and Kalisch 1982a; Kalisch et al. 1982b; Kalisch and Kalisch 1986; Kalisch and Kalisch 1987; Stanley 2008; Stanley 2012; Babini 2012) in **novels**, (Kalisch and Kalisch 1982c; Kalisch and Kalisch 1984b; Fairman 1996; Summers 2009), in the **news media**; (Kalisch et al. 1981; Kalisch and Kalisch 1984a; Kalisch and Kalisch 1984c; Kalisch et al. 1985; Clarke and O'Neill 2001; Ferns and Chojnacka 2005; Gillet 2012), in **advertisements**, (Krantzler 1986; Lusk 2000; Hall et al. 2003; Berry 2004; Johnson 2012), and in **social media** (Kalisch et al. 2007; Kelly et al. 2012; Sarna and Bialous 2012).

Academic consideration of the image of nursing in the media is predominately American and it is clear from the above, dominated by two co-authors, Beatrice and Peter Kalisch. Nevertheless, representations of nurses in the media have also been considered in Canada (Hall et al. 2003), Australia (Stanley 2008; Stanley 2012; Weaver et al. 2013a), Ireland (Clarke and O'Neill 2001; Fealy 2004), and the United Kingdom (Bridges 1990; Hallam 2000; Ferns and Chojnacka 2005; Babini 2012).

In terms of nurses' representations in the media, it is British and American cinema, and prime time television that have been subject to the most empirical consideration, and this is reflected in the following review and throughout this thesis. The news media has not been subject to similar consideration within the academic literature. However, in conjunction with the rise in news media coverage of allegations of poor



quality nursing care, there has been a rise in the number of opinion and anecdotal based pieces in academic and nursing journals, which respond to these accusations. This largely anecdotal work constitutes a rapidly developing professional and academic counter discourse to accusations in the news media of poor quality nursing care and as such is critiqued at various points in this review.

As asserted in the introduction, intense media and public scrutiny reproduced within the news, concerning the quality of nursing care (Darbyshire 2013), alongside the Francis Report (MSNFT 2013) has provoked a variety of policy responses emphasising the necessity for compassionate practice in nursing (DOH 2012; Royal College of Nursing 2012; MSNFT 2013). This push within UK nursing for compassionate care also exists alongside a debate within both nursing and public discourses around the contemporary nature of nurse education and the scope of nursing practice (Royal College of Nursing 2012). Therefore whilst the next two chapters provide a synthesis and exploration of existing literature as it relates to the aims of this research, in Chapter One related to representations of nurses in the media, and in Chapter Two, to the implications of media representation in the media, this review in addition also refers, when appropriate, to contemporary nursing discourses which relates to the nature and scope of nursing practice.

As stated I adopt a hybrid approach in this thesis, drawing on literature from different academic disciplines to answer the questions posed in a thorough and rigorous manner. This acknowledges that the academic debate, which concerns the representation of nurses in the media, goes beyond the nursing literature. Indeed drawing on a variety of disciplines provides a more complete account of media representations, which may have been limited by remaining within one disciplinary approach. As such, the literature reviewed in the following two chapters derives from a variety of different academic disciplines including nursing, sociology, cultural and media studies. Consequently, a number of different theoretical perspectives are interrogated throughout this review.

### **Kalisch and Kalisch (1980-2007)**

The most prolific writers in this field are Professors Peter and Beatrice Kalisch, American nursing academics, who from 1980 until 2007, have completed the most extensive work on representations of nurses in the media. Utilising content analysis, a quantitative approach, they have analysed television, novels, film, news programmes, newspapers and radio (Kalisch and Kalisch 1986). Content analysis, McKee (2003, p.127) states, is a method which “breaks down the components of a text into units that you can then count”, allowing analysis of frequency and other relevant categories. For example, in a study by Kalisch et al. (2007) on nurse images on the internet, the research team developed a research instrument to enable the counting of nurse characteristics within internet websites. This allowed the researchers to count issues of similarity to identify dominant themes in nurse characteristics. Kalisch and Kalisch’s first media analysis in 1980 was a content analysis of nursing stereotypes in film and the most recent work, authored by Beatrice Kalisch and others, considers the social media with an analysis of nurse representations on the internet (Kalisch et al. 2007). Kalisch and Kalisch’s (1980-2007) key motivation for this body of work was the belief that images of nurses are “inaccurate and negative” and pose a “significant problem” for nurse recruitment and nurses’ self-image (Kalisch et al. 2007, p.182).

Kalisch and Kalisch (1980-2007), as the forerunners of research on representations of nurses in the media, have informed the vast majority of literature in this field, this demonstrates the depth the depth, longevity, and significance of their research in this field, however this dominance could constitute a limiting factor on the field for reasons I explore later in this chapter. I therefore now discuss Kalisch and Kalisch’s (1980-2007) most frequently cited and most significant studies concerning television, film and novels, including their first empirical based study conducted in 1980.

Kalisch et al. (1980) conducted the first analysis of nurse representation in the media in 1980, examining nurses as central characters from 1930 to 1979 in 204 English language films. They hypothesised that film representations of nurses were categorised into stereotypes similar to generic women roles in film. They used three

self-created content analysis tools. The 'unit analysis tool' was used by the writers to analyse characters' actions and "dominant impressions of nursing" (Kalisch et al. 1980, p 536). The 'nurse character analysis tool' was used to code categories of nurse representations, including role, physical characteristics and behaviour of characters and the 'physician character tool' was used to look for similar characteristics, but also to allow comparison between the two.

From their analysis they found that nurse characters chose nursing for 'altruistic' reasons, including 'serving one's country' (Kalisch and Kalisch 1982a, p.605). When nurse characters were compared with doctor characters, they found that doctor characters considered medicine more important than nursing, that doctor characters as opposed to nurse characters, used their own judgement when decision making and, that doctors characters were praised more than nurse characters (Kalisch and Kalisch 1982a).

From these findings, they conclude that nurse characters in film are similar to that of women film characters, and this, they claim, is attributable to the fact that nurses were being primarily represented as women (99.5% in this study). They also assert that nurse representations in film have evolved over time. Nurse representations they argue, similarly to women characters, were 'positive' in the 1940s, with nurses portrayed as "self-sacrificing, humanistic and patriotic" (Kalisch et al. 1980, p.552). These representations gradually declined post-war, and were at their worst in the 1970s, with nurses stereotyped as "hostile, sadistic and promiscuous" (Kalisch et al. 1980, p.552). The use of positive and negative labels in the majority of Kalisch et al's. (1980-2007) work requires further consideration, as it implies that the search for a positive or realistic image is possible. As such this assertion is examined further in this section.

In 1982 Kalisch et al. conducted a longitudinal study of nurses in American prime time television from 1950 to 1980 in the belief that, as with film, nurses were being categorised into stereotypes, and that these have changed over time. They considered the "scope of nursing practice, career orientation of nurses, nursing

actions and nurses' impact on patient welfare" when analysing representations (Kalisch et al. 1982a, p.358; Kalisch and Kalisch 1982b).

The authors randomly sampled 320 selected episodes from 28 television series with nurses as characters. They analysed 240 images of nurses and nursing using two self-created content analysis tools, as previously used in their analysis of film. They used the 'unit analysis tool' to analyse nurse characters, their situation and relationship to other characters, and the 'nurse character analysis tool' which measured the importance of characters, their demographic profile, personality traits and other aspects of a character's practice and conduct, as a nurse in prime time television drama (Kalisch et al. 1982a).

The findings are very similar to those found in their studies of film and indicated that nurse characters were young women who entered nursing for altruistic reasons. Unlike doctor characters, nurse characters did not use problem solving or evaluation skills and were deficient in administrative skills. In addition, nurses did not engage in expanded roles, patient education or academic pursuits. Overall, Kalisch et al. (1982a, p.363) found that nurses on television were considered to be less important than doctors, with doctors represented as 'demi gods', and nurses commonly portrayed as "a resource" to other health professionals. Similar to Kalisch et al's. (1980) study in film, representations of nurses on television in a professional capacity were, the authors claim, represented "favourably" in the 1950's, however this "declined significantly" over the thirty years of the study (Kalisch et al. 1982a, p.360).

Kalisch and Kalisch (1982c) also analysed nurse images in 207 novels published between 1843 and 1980 utilising the 'unit analysis tool', 'the nurse character analysis tool' and the 'physician character analysis tool' in order to, as Kalisch and Kalisch (1986, p.181) assert, code messages "about nurses and physicians in the entertainment mass media". They found that nurses in novels were portrayed with the feminine traits of kindness and obedience and doctors with masculine traits, such as being "more confident, sophisticated, ambitious, intelligent, aggressive and rational" (Kalisch and Kalisch 1982c, p.122). This is similar to the authors' findings

in both television and film. In addition, the researchers found that nurse characters in novels fell into three 'stereotypes', "the nurse as man's companion, the nurse as man's destroyer and the nurse as 'man's mother or the mother of his children'" (Kalisch and Kalisch 1982c, p.1221). The 'man' in this reading is identified by Kalisch and Kalisch (1982c), as the doctor. Moreover, Kalisch and Kalisch (1982c) found in this study that 99% of nurses portrayed were women; 71% single; 92% childless; 69% under 35 and 97% white, the authors assert that this is similar to their finding in both television and film.

Kalisch and Kalisch published a paper in 1986, drawing on the three empirical papers discussed, in order to compare nurse and doctor characters in the entertainment media. They provide an analysis drawing on this earlier work in film, television and novels, of 670 nurse characters and 466 doctor characters from 204 films, 28 television programmes and 207 novels from 1920 to 1980. Overall, they found that nurse characters were 99% women, 95.6% white, 62.5% under 35, 71% single and 89.4% childless.

They conclude that in film, television and novels, doctors are represented more favourably than nurses, with doctors linked with a "man of science image", demonstrating masculine traits of "drive, individualism, rationality and intelligence" (Kalisch and Kalisch 1986, p.185). In contrast, nurses were represented as "less central to the plot, less intelligent, rational, and individualistic; less likely to value scholarliness and achievement, and exercise clinical judgement" (Kalisch and Kalisch 1986, p.179). In addition, they assert that nurses were often secondary characters in storylines with doctors given the credit for nursing work.

Over three decades Kalisch and Kalisch (1950-1980) assert that there was a definite decline in positive images of nurses, and an increase in positive images of doctors (Kalisch and Kalisch 1986). Indeed, Kalisch and Kalisch (1986, p.189) suggest in light of all their findings that there has been a decline in positive representation in terms of "positive personality attributes, primary values, and professional behaviours" in television, film and in novels.

In consideration of all their findings, Kalisch and Kalisch (1986, p.185) argue that “the contribution of the nurse to health care, as portrayed in the entertainment media, has been distinctly underplayed, and conversely, the role of the physician has been presented in an exaggerated, idealistic and heroic light”. Consequently, they assert “the central and diverse role” that nurses play in health care is absent in the entertainment media. ‘Inaccurate’ representations in the media, they argue, affect public opinion, policy makers’ decisions, recruitment into the profession, and nurses’ self-image. They assert that, “what individuals see, hear and read in the media influence the image they develop of nursing” (Kalisch et al. 2007, p.182). They therefore insist that new representations of nursing are essential.

The assertions that Kalisch et al. (2007) make of the effects of the media imply a simplistic notion of the media and reflects the “hypodermic needle” or media effects approach to the media. This asserts that audiences passively receive and act on messages in the media (Hall 1997). Indeed, Holloway (1992) criticises Kalisch and Kalisch (1980-2007) for arguing that the media has a direct and major influence on society, with nursing stereotypes taken for granted and internalised by their audience. However, from a social constructionist perspective this thesis is in opposition to Kalisch and Kalisch’s (1980-2007) argument, taking the position that the relationship between the audience who view these representations is more complex, with viewers, as Fiske (2011, p.1) suggests “productive, discriminating and visually literate” social actors. Moreover Hallam (2000, p.33) asserts that readers are not “uncritical receivers of messages who unquestionably digest the authority of the image” as effects theory might suggest. Indeed, the audience is said to constantly re-negotiate and interpret a plethora of representations through a “complex array of means and conventions” which depend on their own social, historical, and cultural positions (Kappeler 1986, p.3).

As previously stated in the introduction, this thesis also argues that the media forms only one part of a collection of ideas, images and practices, which circulate about nursing (Macdonald 1995; Hallam 2000). As Holloway (1992, p.26) asserts, nurse representations in the media “form part of a wider discourse which disseminates particular ideas and knowledge about the status of nursing”. The media then in this

understanding helps construct and maintain a dominant discourse about nursing which maintains the 'status quo' and restrains change (Holloway 1992; Hallam 2000).

Kalisch et al. (1980-2007), like many other writers in this field, look for elements of 'realism' in the media representation of nurses, assuming that a realistic image of nursing is possible, they then critique these representation for failing to match their conceptions of what such realism should look like (Bridges 1990; Summers and Summers 2009). However, in this thesis, I take a social constructionist position, arguing that no one single nursing 'reality' exists. Nursing is a diverse, complex and dynamic profession (RCN 2012), which makes the search for one image that fully portrays the 'reality' of nursing impossible (Darbyshire 2013). In addition, a realistic image, Hallam (1998) argues, would need a consensus from all nurses and an indication that the representation of nurses in the media is considered a problem to nurses. This, though, is problematic as there is a poverty of research exploring nurses' perceptions of the representation of nurses in the media, which is one of the intentions of this research.

It is important to note that Kalisch and Kalisch's (1986) seminal work on television, films and novels is now over thirty years old, and to date there are very few comparable works. Kalisch and Kalisch's (1982a) analysis of television was also completed before more contemporary medical dramas, such as *ER* (1994-2009) and *Nurse Jackie* (2009-2015), and indeed before satellite television and internet streaming. The television programmes, films and novels sampled for these studies are also in the majority American, and whilst the majority are available to the British public, their relevance to the British context must be considered.

Whilst I recognise that Kalisch et al's (1980-2007) assumptions of how representations work and what effect such representations have is problematic, I address their empirical work in this thesis because it presents a broad indication of how women nurses have been represented in the popular media, and provides an indication of how representations have changed over time. Indeed, more contemporary studies have found similar key themes in their analysis of media

representations of nurses in the popular media (Stanley 2008; Stanley 2012). As stated previously Kalisch and Kalisch (1980-2007) are also the forerunners of research in this area, and as such, they underpin the majority of literature in this field, forming an integral part of the academic debate on representations of nurses in the popular media.

### **The Social Construction of Gender: Nursing Stereotypes**

The section addresses the academic literature, which discusses the role of gender in the construction of nurses in the media; including the stereotyping of women nurses. From a social constructionist perspective, I argue that the way nurses, who in the majority are women, are represented is related to the social construction of gender and the position of women in our society. I then consider four main stereotypes of nursing represented in the popular media as identified in the previous academic literature, and their relationship to dominant myths of femininity (Kalisch et al. 1980; Kalisch et al. 1982a; Kalisch and Kalisch 1982c; Muff 1982; Salvage 1983; Darbyshire 2013).

One major reoccurring theme across all the literature reviewed was the presence of nursing stereotypes in the popular media. Indeed Kalisch and Kalisch (1980-2007) were the first academics to identify nursing stereotypes in the media, in their 1982 analysis of television drama. In this study, they stated that they found similar stereotypes applied to women as those found in film (Kalisch and Kalisch 1982a). In later research, drawing on their analysis of film, television and novels, they argued that five “image types” have dominated in particular time periods. The stereotypes they identified were as follows: the Angel of Mercy (1854-1919), the girl Friday (1920-1929), the heroine (1930-1945), the mother (1946-1965) and the sex object (1966-1982) (Kalisch and Kalisch 1987, p.8).

Around the same time Muff (1982), an American academic and registered nurse, was also writing at length about nursing stereotypes, producing a collection of essays on nurses, gender and stereotyping. She identified the following stereotypes: the ministering angel, the handmaiden, the sex symbol and the battleaxe nurse, which she claimed were circulating in society, including the popular media. All of these



nursing stereotypes, Muff (1982) stated, arose from stereotypes also applied to women, and therefore she argues that sexism is at the root of nursing problems. Also at a similar time Salvage (1985), a British academic who has written prolifically in this field, argued that, the public's image of nursing is also composed of stereotypes; angels, battleaxes and sex symbols. These are nursing stereotypes that both Muff (1982) and Salvage (1985) argue are damaging to the status of the profession.

Later, in another British consideration of stereotypes of the profession, Bridges (1990) conducted a literature review of nurses in the media, in the belief that the media has an effect on nurses' recruitment and nurses' self-image. Bridges (1990) highlights the same four stereotypes as identified by Muff (1982): the angel, the battleaxe, the naughty nurse, and the handmaiden; arguing that these stereotypes are "commonly perpetuated by the media" (Bridges 1990, p.850). However, Bridges' (1990) work is now over twenty years old and her assertions rely solely on the work undertaken by Kalisch and Kalisch in the early 1980s and the theoretical assertions of Salvage (1983) and Salvage (1985). However, Kalisch et al. (1982a) were the only authors producing empirical work in this area at that time. Nevertheless, Bridges' (1990) work is now frequently cited in the literature and is, therefore, considered important as it underpins more contemporary work in this area. Importantly for this study, a nurse's perspective of media representation is absent, therefore, Bridges (1990), as a practicing registered nurse, provided a much needed nurse's perspective of nurse representations in the media. Another British, though more contemporary account of nursing stereotypes, is provided by Darbyshire (2013), who again from a nursing perspective, argues that there are four nursing stereotypes; angels, handmaidens, battleaxe and naughty nurses, these stereotypes he claims can influence both how the public see nursing, and how nurses see themselves.

Whilst I return later in this chapter to a fuller discussion of nursing stereotypes, I wish to acknowledge at this point, the academic literature which considers the role of gender in the construction of nurses in the media. The focus in this work, in particular, is the unequal relationship between men and women in society and how

media “play an important part in setting stereotypes and promoting a limited number of role models” (Macdonald 1995, p.13). In taking a social constructionist perspective in this thesis, I argue that meanings attributed to men and women are constructed socially, and they are both historically and culturally determined. As Burr (2003, p.13) asserts, citing Berger and Luckmann (1971), “human beings together create and sustain all social phenomena through social practices” and then experience the world as if it is “pre given and fixed”.

The definition of gender I deploy throughout this thesis, is taken from Jackson and Scott (2002, p.1) who assert that gender denotes, “a hierarchical division between women and men embedded in both social institutions and social practices”. Gender in this definition implies a cultural and social division, which is sustained and reproduced through articulations of femininity and masculinity. The concept of gender, as defined by Jackson and Scott (2002), has been applied throughout this work in order to imply that the social ordering between men and women was, and is, socially constructed. This is in direct opposition to the biological essentialist argument which asserts that social differences between men and women are biologically determined, ‘natural’ and therefore cannot be challenged (Walby 1990).

To illustrate this, in the 19<sup>th</sup> century with the rise of industrial capitalism and the beginnings of the British welfare system, there was a very clear division of labour between men and women. This division in labour, from an essentialist viewpoint was seen as biologically determined by a person’s sex (Walby 1990). Indeed, the essentialist argument for the division of labour in the 19th century was that there was a natural distinction between men and women that deemed women’s feminine traits as more suited to the home, (the private sphere), assuming domestic and caring roles, and men’s more masculine traits more suited to the public sphere (Walby 1990). Clarke and O'Neill (2001, p.356), quoting Walby (1990), argue that this “segregation strategy” was also hierarchical, aimed at “separating women’s from men’s work and at grading the former beneath the latter for purposes of remuneration and status”.

As Macdonald (1995, p.48) asserts, “as men moved out of the home to work, and the (male) bourgeoisie acquired increasing power in the course of the nineteenth century,

the public would become identified with influence and power, the private with moral value and support”. An example of this would be the separation in status and power between the doctor and nurse, with nurses in the majority women and doctors men, which Clarke and O'Neill (2001, p.356) write is “synonymous with the notion of gendered organisations”.

Nursing, prior to the 19th century was undertaken, in the majority, by religious communities in monasteries and by untrained lower class women, who would nurse the poor in their homes as an extension to their maternal role (Kalisch and Kalisch 1982c; Gallagher 1987). In the middle of the 19th century, nursing “began to emerge” as a separate occupation, however, it was seen as “no more, and no less specialised form of domestic work” undertaken by domestic servant women (Oakley 1984, p.24). During this time, Mackintosh (1997, p.233) asserts, nursing had a “low and dubious reputation”, it was considered an occupation of the lower classes with little or no education, as seen in the portrayal of Mrs Gamp a nurse in the novel *Martin Chuzzlewit* (Dickens 1843), who was an untrained unkempt alcoholic.

Towards the end of the 19th century, Florence Nightingale and other nursing pioneers wished to set the standard for a more respectable profession, and thus hospital and military nurses were recruited based on sex, high breeding and respectability (Kalisch and Kalisch 1982c). It is therefore suggested that from its very origins, nursing was associated and considered the work of women. As Davies (1995, p.2) asserts, “..both the nurse and the work of nursing are firmly associated in the public mind with the female sex”.

Meerabeau (2004) argues that paid caring tasks associated with nursing, resembled those undertaken by the housewife, and thus were devolved to women working in the ‘private sphere’ and, therefore, regarded as low skilled, attracting low pay and status. In the 1930s and 1940s in particular, Oakley (1984 p.25) asserts that, “nursing became clearly subordinate to medicine within a new hierarchical technical division of labour”, which she maintains, reflected the relationship at home between husband and wife.

Whilst nursing has been traditionally considered a woman's occupation, 9.4% of registered nurses are now men (Nursing and Midwifery Council 2015). However, women continue to make up a large majority of the profession. Nevertheless, as Hartmann (2002) argues, men within the profession can be predominately found in gendered roles; such as management and technically skilled areas of practice such as high dependency and intensive care units.

As McMurry (2011) writes:

Social science researchers assert that male nurses use a number of strategies to establish and maintain masculine spaces within the nursing profession, and by carrying the privilege of their gender into nursing, men tend to monopolize positions of power in the nursing profession. (McMurry 2011, p.23)

The division of labour between men and women is reproduced in the media and is bound to wider issues concerning the devaluation of women in society (Salvage 1983; Holloway 1992; Hallam 2000; Jinks and Bradley 2004; Salvage 2006; Fletcher 2007). This is illustrated by McHugh (2012, p.13) who writes that "the media has consistently represented nurses as women and consequently media nurses are subject to pointedly gendered misrepresentations and stereotypes having to do with sexuality, maternity and femininity".

To illustrate this, as previously discussed, Kalisch and Kalisch (1986, p.179) found from a content analysis of 670 nurse characters in novels, film and television, that 99% were women, and that nurses in relation to doctors, were "less central to the plot, less intelligent, rational and individualistic, less likely to value scholarliness and achievement and exercise clinical judgement". Doctors, however, were linked with a "man of science image", with "characters consistently exhibiting drive, individualism, rationality and intelligence" (Kalisch and Kalisch 1986, p.179). As stated, it is important to acknowledge that this research is now over thirty years old. Nevertheless, more recent work on this issue also indicates that the representation of nurses in the media remains both gendered and hierarchical. This work is now discussed.

Clarke and O'Neill (2001, p.351) explored how the *Irish Times* portrayed nurses in the 1999 Republic of Ireland nursing strike. The author gathered data from the *Irish Times* from the 4<sup>th</sup> October 1999 until the 4<sup>th</sup> of November 1999. They discussed their findings in relation to power and gender, concluding that the *Irish Times* gave “higher value to masculine cultural codes and the performance of technical skills undertaken on the whole by doctors, whereas acts associated with feminine cultural codes of caring, were considered of lower value”. This reflects a “hierarchy of caring practices and values”, with medical technical skills considered of higher value than the caring tasks, attributed to nursing (Clarke and O'Neill 2001, p.355). This patriarchal view reflects Walby's (1990) concept of ‘segregation’, which separated men's from women's work, giving one higher status and rewards than the other. This work, though, is limited as the authors do not clarify how the analysis was undertaken, or by whom. The research also refers to, and only reflects on, one newspaper. Nevertheless, their findings do correspond with the earlier work of Kalisch and Kalisch (1986), who found that masculine attributes associated with medicine were assigned higher status by the media than feminine attributes as associated with nursing.

As asserted previously quantitative methods, mainly content analysis, have been adopted in the majority of research in this area. A smaller number of academics used qualitative approaches in their consideration of the representation of nurses in the media. Qualitative media analysis, as opposed to quantitative techniques, is not concerned with measurement or prediction, but the quality, meaning and nature of the elements under study (McKee 2003). An example of this is the work of Hallam (2000), specialising in communication and media, who undertook qualitative research on nursing image. Using personal biographies, interviews with nurses and an exploration of images which corresponded with her growing up and becoming a nurse. This placed her work in a social and historical context and allowed her to consider how gender, power structures and inequalities determine representations of nurses in the media over time. From this body of work she asserts that nursing continues to be represented by the media as a women's profession, “projecting a view of femininity stereotypical in its gender relations” (Hallam 2000. p.0).

Hallam's (2000) work and other qualitative research which considers nurse representations in the media are considered throughout this review.

Dahlborg-Lyckhage and Pilhammar-Anderson (2009, p.163) also assert that nurses are subject to gendered representations in the media. In particular, they argue that nursing is subject to a discourse of femininity, with the media representing nurses as women within myths and normative notions of what it means to be a nurse. Dahlborg-Lyckhage and Pilhammar-Anderson (2009, p.165) define discourse as socially constructed "structures of knowledge" which are "textual and intertextual drawing on other texts". These discourses, they assert, contribute to meaning and they are historically and culturally defined.

The authors undertook a study to clarify "predominate discourses in the field of Swedish nursing" in the year 2000, their intention being to uncover the "prevailing and predominant" discourses of nursing and those groups who benefit from it. The authors' theoretical stance was feminist cultural studies, which they use to explain women's and therefore they claim nurses' position in society. Feminist cultural theory they assert, was applied to their study to explain the "construction of femininity and to highlight the woman in relation to power and gender equality" (Dahlborg-Lyckhage and Pilhammar-Anderson 2009, p.164). The media, they assert, is one of the practices within a culture that contributes to the development of meaning within groups. The media, they argue construct what it means to be a man or woman using 'gender related symbols', the authors call this 'gender marking' and explain it as a "process in which gender segregation is achieved through symbols and imagery" (Dahlborg-Lyckhage and Pilhammar-Anderson 2009, p.164).

The authors analysed statutory and legal documents, three recruitment campaigns, and three television dramas shown on Swedish television: *ER* (1994-2009), an American hospital drama, *Op 7* (1997- ) and *White Lies* (1997- ), both Swedish hospital dramas. These were selected due to high viewing figures and were all cited in Swedish recruitment campaigns, indicating, the authors claim, some approval from Swedish nursing organisations.

All texts were analysed for structure, key concepts and the standards required of nurses by nursing organisations. Television dramas and advertising campaigns for recruitment were analysed by deconstruction. Deconstruction, Dahlborg-Lyckhage and Pilhammar-Anderson (2009, p.166) write, is “an analytical strategy that systematically exposes multiple ways in which a text can be interpreted”. The researchers familiarised themselves with the text, initially selecting themes from selected scenes which the rest of the scenes were judged against. These were “private/professional, active/passive, man/woman, central/peripheral, skilled/unskilled, and caring/non caring” (Dahlborg-Lyckhage and Pilhammar-Anderson 2009, p.166).

Within the chosen texts, the authors identified six discourses:

**Professional discourse**, this discourse was identified by researchers in official statutory documents and recruitment campaigns. In this discourse, nurses were expected to be academic, autonomous, responsible for caring, have pedagogic competence, engage in preventative work, be managers and exhibit theoretical knowledge of medicine. In addition some nurses were also represented as skilled and independent on television.

**Gendered discourse**, in television programmes and in marketing campaigns nursing was represented as a profession of women. The authors’ stated that sexuality was portrayed through the nurses’ behaviour, in how they looked and acted. In contrast to this, the government literature was gender neutral, representing nurses as neither men nor women.

**Medical discourse**: All the television dramas represented nurses as subordinate and supporting to doctors. Nurses were seen behind the scenes and often not visible at all. In official documents, such as educational policy, yet Swedish nurses were expected to have medical knowledge to undertake their roles.

**Caring discourse**: In official documents, the nurse’s primary role was to “perform nursing care” based on knowledge. A relationship between the nurse and patient was also seen as crucial, this involved supervision and teaching. However, on television,

nurses were not represented as having any interpersonal relationships with patients. Relationships between nurses and doctors, though were evident with nurses and doctors discussing personal issues, and often in personal relationships. Television portrayed nurses as looking after the professional and private issues of doctors.

**Management discourse:** Newly qualified nurses were depicted within the management discourse as unable to fulfil the function of management. Management was seen, however, as suitable for nurses who are men. Nurses on television were represented in subordinate roles not in positions of management.

**Educational discourse:** In official documents relating to the nursing profession, nurses were seen to require education in manual and practical skills, not in academic education. On television, the education of nurses was not considered, however, nurses were represented as having good practical skills when assisting doctors.

The authors conclude that there was a mixture of different discourses identified in the field of Swedish nursing. However, a medical and gendered discourse had assumed dominance in the media, with other discourses, professional, education and management, barely evident. Whilst in official statutory documents and recruitment campaigns nurses were presented as independent and competent in their jobs, in television, they were portrayed within traditional myths of femininity which did not portray the official requirements of the profession, as subordinate to characters who are men and as “feminine creatures full of latent sexuality” (Dahlborg-Lyckhage and Pilhammar-Anderson 2009, p.168).

The meanings inherent in representations of nurses in the media the authors argue serve the interests of dissimilar sectors of society. Therefore the most influential groups in society, in this case, they claim men and medicine, have established hegemony through discourse. This discourse has then become “part of everyday life as cultural values and institutional practices coalesce” (Dahlborg-Lyckhage and Pilhammar-Anderson 2009, p.165). These powerful discourses reproduced in social conversation, the authors assert, have the potential to affect the public image of nursing.



This study, though, was limited by its Swedish focus, therefore not completely relevant to the British context. However, there are some transferable findings, with the authors' finding similar to the media analysis of Kalisch and Kalisch (1980-2007), that nurses in the majority were represented on television as women in subordinate roles to doctors. This work also takes a different approach to the analysis of the media than Kalisch and Kalisch (1980-2007) by adopting a social constructionist perspective, which assumes that the media only forms one part of a larger social discourse about nursing.

In a more contemporary British study, Kelly et al. (2012) conducted a descriptive analysis of the ten "most viewed" video clips on the 17th and 18th of July 2010 of nurses and nursing on 'You-Tube'. The authors undertook this study in the belief that nurse stereotypes relied on "the taken for granted gender category of nurse as woman" (Kelly et al. 2012, p.1804). The authors utilised critical discourse analysis, a method for analysing texts to discover discourses which maintained power inequalities. They focused on the subject's positions in the text and the construction of nursing identity.

Kelly et al's. (2012) findings revealed three nursing identity types; the first, 'nurse as a skilled knower and doer' found in clips produced by nurses themselves, three were nurse promotional videos and one was of nurses rapping about their jobs. The second, 'nurse as a sexual plaything', evident in two video clips from a popular American situation comedy, two advertisements, one for mobile phones and one for lingerie. Finally, the 'nurse as a witless incompetent', as evident in one cartoon and an excerpt from an American situation comedy (Kelly et al. 2012, p.1804).

Kelly et al. (2012) concluded from these findings that You-Tube does construct nurse identities in relation to the gender category of women, arguing that nursing stereotypes were constructed within "discourses of white femininity" (Kelly et al. 2012, p.1810). This work however is limited in its analysis of only ten You-Tube clips, a relatively small number, despite this the results do give an indication of nurse representations in the social media, an area neglected in terms of empirical consideration. This work, in being more contemporary also indicates that

stereotypical representations of nurses based on femininity may still be evident in the media as suggested by the findings of Kalisch and Kalisch (1987) and Dahlborg-Lyckhage and Pilhammar-Anderson (2009).

Kelly et al's. (2012) argument is also similar to Hallam (2000, p.1) who contends that "the image of the nurse continues to be a symbol of caring and duty at the same time as it projects a view of femininity, 'stereotypical' in its gender relations". These images, Hallam (2000) asserts, are constructed by male dominated economic institutions that construct and project male fantasies of women. Kelly et al. (2012, p.1811) cite Nelson and Gordon (2004) in further arguing that; "the continuing propagation of gender-dependent nursing stereotypes in new online social spaces may be the result of a historical, social and political devaluation of nursing as a women's profession".

The work of Kalisch et al. (1980-2007), Hallam (2000) Clarke and O'Neill (2001), Dahlborg-Lyckhage and Pilhammar-Anderson (2009) and Kelly et al. (2012) suggests that there is an oversaturation in the media of nurses represented as women. In addition, research indicates that representations link nursing to "feminine" traits of caring and compassion", and link medicine to "masculinity, technical skill and logic" (Weaver et al 2013a, p.7). These traits inherent in representations are then afforded different status, with a lower value placed on nursing and its associations with caring. These representations it is argued, undermine the profession (Salvage 1983; Bridges 1990, Hallam 2000; Jinks A M Bradley 2004).

Macdonald (1995, p.1), coming from a social constructionist perspective, argues that women are subject to myths of "what it means to be feminine" and amongst these she discusses reoccurring myths of femininity, which she notes are women as "nurturing and caring", "enigmatic and threatening" and myths concerning sexuality and bodies. Women's diversity and a supposed threat to male authority, Macdonald (1995, p.2) argues, are "transformed into manageable myths of femininity" which are seen as "natural and common sensical". As Barthes (2009, p.1254) argues, myth "transforms history into nature". These "myths of femininity", also apply to nurses who are usually seen as women (Muff 1982; Hallam 2000; Dahlborg-Lyckhage and

Pilhammar-Anderson 2009). Myths, then, are a social construct which as Muff (1982, p.133) argues, have evolved throughout history and are “intrically woven into the threads of our lives”, making it impossible to tell the difference between ‘myth’ and ‘reality’.

For the purposes of my thesis, which takes a social constructionist perspective, I deploy Macdonald’s (1995) definition of myth, whose position builds on the work of Barthes (2009, p.131), a French literary and cultural critic, who argues that myth “is a system of communication, that is a message” indeed “myth is a type of speech”. I take the position, then, that myth serves as a way of communicating about a matter which is “widely accepted within a specific culture and historical period, despite having little connection to reality” (Macdonald 1995, p.1). These myths, Macdonald (1995, p.1) asserts, simplify complex matters into the “routine” and “natural” meanwhile maintaining “the power of the powerful” as can be seen in the division of labour between men and women.

The media, I assert, does not ‘reflect reality’ but does reproduce myths that already circulate in wider social conversation. As Macdonald (1995) argues, the media “have a strong ideological role, inviting our consent to ways of talking about reality that are often regarded as normal and acceptable beyond the confines of the media, too” (Macdonald 1995, p.3).

As previously stated, one major reoccurring theme across all the academic literature reviewed was the presence of nursing stereotypes in the popular media. Stereotypes are an important characteristic feature deployed by myths, as Muff (1982, p.118) states, “stereotypes are vivid illustrations, personifications of myths, which are more elusive, and may be found in all forms of the media”.

### **Nursing Stereotypes**

The next section discusses stereotypes of nursing, looking in detail at the four main stereotypes of nursing identified in the literature.

Stereotypes, Dyer (2002, p.12) writes, quoting Lippmann (1956), “are very simple, striking, easily grasped forms of representation but are, none the less, capable of condensing a great deal of complex information and a host of connotations”. Stereotypes within this understanding allow us to organise complex information and are a necessary way that we make sense of the world (Dyer 2002). As Hall (1997, p.257) argues, stereotypes “reduce people to a few, simple, essential characteristics, which are represented as fixed by nature”.

Stereotypes offer us a short cut to understanding, reducing “the three-dimensional quality of the real to a one-dimensional and distorted form” (McDonald 1995, p.13). As Hall (1997, p.258) explains, stereotypes “get hold of a few ‘simple, vivid, memorable, easily grasped and widely recognised characteristics about a person, reduce everything about the person to those traits, exaggerate and simplify them, and fix them without change or development to eternity”. These stereotypes, Perkins (1979) cited in (Macdonald 1995 p.13) claims, may even have a “kernel of truth”, making the stereotype plausible. As Branston and Stafford (2006, p.143) argue, “...one of the seductions of stereotypes is that they can point to features that apparently have a ‘grain of truth’. Given the heterogeneity of a wide population there is statistically bound to be someone who exhibits characteristics of a stereotype; however, they are the exception rather than the rule, nevertheless the ‘kernel of truth’ is exaggerated and generalised across the stereotyped group. In addition, the longer these stereotypes exist and the more people are exposed to them, the more ‘normal’ they become. As Delacour (1991, p.413) argues, “even stereotypes regarded as dubious may, after a measure of exposure, become internalized and naturalized; they are therefore metamorphosed into categories of the normal, the real, and the healthy and desirable”.

Stereotypes are socially constructed, and therefore, the organisation of complex information into stereotypes is both culturally and historically determined and based on what society deems to be normal at a particular time (Holloway 1992). Therefore stereotypes are also implicated in power distributions, in particular societies, at particular times (Dyer 2002). As Hall (1997) argues, stereotypes mostly arise when there is a power imbalance, for example, between men and women, therefore

stereotypes are applied to the less powerful group i.e. women, and in turn, nurses. As Takase et al. (2002) argue the hierarchical structure between nurses and doctors is a key factor in the stereotyping of nurses.

Hall (1997) notes that stereotypes separate the “normal” from the “abnormal”. The most important role of a stereotype, then, is its ability to define boundaries of what is acceptable and what is not. Consequently, those who do not fit the stereotype are excluded (Dyer 2002, p.16). As Dyer (2002) asserts, stereotypes promote a consensus and those who propose and reinforce these stereotypes are those in the most powerful position in society. These stereotypes therefore further disadvantage these groups by maintaining what Hall (1997, p.258) calls a “social and symbolic order”.

The media is considered to play an important role in reproducing stereotypes, and many writers acknowledge that a number of nursing stereotypes predominate in the media (Muff 1982; Salvage 1985; Kalisch and Kalisch 1987; Bridges 1990; Holloway 1992; Hallam 2000; Jinks A M Bradley 2004; Darbyshire and Gordon 2005; Darbyshire 2013; Salvage 2015). It can be argued that nursing stereotypes maintain, support and reinforce a general belief system about the value and status of nurses, adding to a lack of understanding about what nurses actually do (Salvage 1983; Holloway 1992; Hallam 2000; Darbyshire and Gordon 2005; Darbyshire 2013; Weaver et al. 2013b; Summers and Summers 2015). Darbyshire and Gordon (2005, p.73) sum up this position when they argue that, “the problem for nursing is that its major stereotypes are so unrelentingly negative in their connotations, and so wholly untenable in their relationship to the reality of nursing”.

This single ‘reality’ of nursing discussed by Darbyshire and Gordon (2005) however, is problematic, firstly, because representing reality is not always the objective of the media, which presents amongst other things fantasy and drama, as Darbyshire (2013, p.60) argues the media is “primarily a profit-making entertainment business”. Secondly, from a social constructionist perspective ‘reality’ is historically and culturally specific, therefore no single ‘reality’ can exist, nursing is a diverse and

dynamic profession and the search for an ideal representation would require a consensus from the nursing profession (Hallam 1998, p.33).

It has been argued that using stereotypes as a critical instrument assumes that an ideal image which reflects 'reality' would be possible (Hall 1997; Hallam 2000; Macdonald 1995). Whilst I concur with these arguments, I also agree with Darbyshire (2013) who argues for the importance of considering the major stereotypes of nursing represented in the media, in stating:

One way of beginning to understand the heady brew of images, social constructions, myths and contradictions and 'realities' that form the image(s) of nurses and nursing, is to look more carefully at the persistence and power of the major stereotypes of nurses which still exist, in either blatant, or more subtle forms, even today. (Darbyshire 2013, p.56)

The following consideration of stereotypes is in opposition to Kalisch and Kalisch's argument of an isolated media effect, adopting Holloway's (1992) position that the representations of nurses in the media is considered to be just one part of a "wider discourse" about nurses in society (Holloway (1992, p.17). Consequently, the following exploration recognises that stereotypes occur outwith the media, also occurring within broader social discourses, institutions and ideologies that circulate about nurses. As Holloway (1992, p.33) asserts, "the media form just part of a wider discourse within society which creates a complex framework through which a particular ideology maintains nursing status by the passages of various meanings and messages".

I argue then that the stereotypes discussed also occur beyond the media, in general social discourse, however, the media remains an important part of their reproduction and maintenance. As advocated by McDonald (1995) I recognise in this review the historical and cultural relevance of nursing stereotypes, seeing the search for meanings behind the representations of nursing and nurses in the media as more important than being only concerned with positive and negative images and the representation of 'reality'. This, I believe, provides a greater understanding of the representation of nurses in the media and nursing's status in society. The next section explores the four main media stereotypes of nurses and nursing most

frequently cited in the academic literature. These are the angel, the handmaiden, the naughty nurse and the battleaxe (Muff 1982; Salvage 1985; Kalisch and Kalisch 1987; Bridges 1990; Holloway 1992; Jinks and Bradley 2004; Darbyshire and Gordon 2005; Darbyshire 2013).

### **The Angel**

Darbyshire (2013, p.56) maintains that the representation of nurses as angels in the media is the most “enduring stereotypic image” which, it is argued, continues to be evident in the media (Hallam 2000; Gordon 2005; Holmes 2012; Price and McGillis Hall 2014). The angel stereotype, Bridges (1990, p.851) asserts, is “compliant, willing, caring and dedicated” and predominately ‘female’. The stereotype implies that nurses are virtuous and self-sacrificing, entering the profession due to a vocational calling (Price and McGillis Hall 2014). This, Gordon and Nelson (2005) assert reflects the origins of nursing as a role associated with the church. As Bridges (1990, p.851) argues, this stereotype arose from the foundations of nursing as a religious vocation and then later in Victorian times with the need to “raise the status of nurses” by attracting candidates “with the most excellent of personal qualities”. Indeed, in Victorian times Kalisch and Kalisch (1987, p.10) assert nurses were represented in the media as “noble, moral, religious, ritualistic, virginal and self sacrificing”. As Pask (2005) argues, the concept of self-sacrifice was seen as a necessary virtue underpinning the basis of nursing practice at this time.

One example of the angel stereotype is the enduring image of Florence Nightingale, ‘the Angel of the Crimea’, lighting up the wards with her lamp (Darbyshire and Gordon 2005; Darbyshire 2013). Indeed, early representations of nurses reflected this with numerous images of nurses in the media, tending to the sick in hospital beds. The films, *The White Angel* (1936) and the *Lady with the Lamp* (1951) in particular, perpetuate the myth of Nightingale as an angel (Kalisch and Kalisch 1983b; Darbyshire and Gordon 2005; Darbyshire 2013).

Florence Nightingale, Darbyshire and Gordon (2005, p.75) assert, “has become easily identified as the soul or spirit of nursing and as the embodiment of selfless, devoted compassionate care which borders on the saintly”. Moreover, as Hallam

(2000, p.10) argues, Nightingale “has entered the realms of popular mythology as one of a very few “good and great” English women who represents “nursing’s feminine ideal”. This mythology, Hallam (2000, p.10) claims, is built around “colonial and nationalistic aspirations” to attract respectable women to the profession.

Myths and stereotypes about nursing are derived from ‘myths of femininity’ and in particular Muff (1982, p.118) argues, the angel stereotype is derived from the “woman as earth mother stereotype” which represents women as “nurturing and caring”, in opposition to the battle-axe stereotype who is “unpredictable and uncontrollable”. This angel myth indicates what it means to be a good woman/mother and a good nurse, and thus allows comparisons in the media to the “bad nurse” or “fallen angel”.

The literature on nursing stereotypes indicates that nurses have been represented in the media as both ‘good’ and ‘bad’ nurses’ (Holloway 1992). As Summers and Summers (2009, p.137) assert, “the professions image has long teetered between extremes of femininity, from the angel to the harlot”. Indeed, this polarisation is common across stereotypes of women, which reflect myths of femininity representing women as both “supreme good and basest evil” (Muff 1982, p.114). These dual myths of women can be traced as far back as classical mythology and the Old Testament to the stories of Eve and Mary, making these longstanding and well established myths (Warner 1976; Muff 1982; Holloway 1992).

As Hallam (2000, p.20) argues, the “binary stereotypes of femininity, the virgin and the whore, take on a set of particular characteristics in nursing’s image” and the origins of these, she claims, are nineteenth century beliefs about how women should be. The “good nurse” Hallam (2000, p.21) asserts, is seen in the handmaiden and angel stereotype who possesses qualities of self-sacrifice and virtue. Whereas the “bad nurse” is selfish, misusing her position of authority to fulfil her own desires either material and/or sexual. As Darbyshire (2013, p.58) argues, if nurses do not fulfil the criteria of the ‘angel’, the “pretty, kind, compliant nurse”, then they are stereotyped as the opposite: “tyrannical, fearsome, asexual, monstrously large”.



The news media in particular, Gordon and Nelson (2005) assert, represents nurses as angelic on the one hand, and evil on the other. For example, recent stories during the Ebola outbreak with nurses described as ‘heroic’ and ‘angelic’ and Colin Norris, a nurse convicted for killing patients in Leeds, labelled as an “angel of death” (BBC News 2013 and Telegraph 2015).

In recent research, Gillett (2014, p.2495) argues that newspapers represent ‘flawed’ nurses alongside a dominant nostalgic discourse, which she states, reproduce a “golden era” of nursing, with former nurses idealised as more caring, virtuous and angelic. This nostalgic discourse Gillett (2014) argues draws upon the stereotypes I identify in this chapter, the angel, the handmaiden and the battleaxe.

Gillett (2014, p.2495) conducted a critical discourse analysis of eleven British newspaper articles, which considered the academic level of nurse education, and found that a nostalgic discourse within newspapers compared the quality of care between previous non graduate nurses and graduate nurses who were represented as too ‘educated to care’. This has the effect, she states, of dividing the profession into educated nurses and caring nurses of the past. This nostalgic discourse may play some part in the construction of current nursing and public discourse, which argues that care and knowledge are mutually exclusive, and consequently an argument that nursing should return to the ‘good old days’, before nurses were educated to degree level (RCN 2012). In addition, accusations of poor quality care in the media often draw on the stereotypes of the angel and battleaxe. For example news reports of poor quality care often draw on binary myths of femininity, particularly the battleaxe and angel stereotypes, with nurses often reported as tyrannical and cruel, this is considered counter to the dominant nursing stereotype of the ministering angel (BBC News 2013; Telegraph 2015; The Sun 2015, 2016).

Angels have been considered as messengers of God, indeed supernatural benevolent beings, therefore perfection at this level is not possible for human beings, leaving nurses, Darbyshire (2013) argues, with an unobtainable aspiration. The angel myth is similar to the ‘Madonna myth’, a typical myth of femininity which refers to the

Virgin Mary, which Warner (1976) argues leaves all women deemed to fail in light of a 'perfect' woman, both virgin and mother.

There is some evidence that the 'Angel' stereotype may be declining in the media, and this has occurred alongside changes in the position of women and nurses in society, and the resultant changes in myths of femininity, particularly those connecting women to caring (Macdonald 1995). As Macdonald (1995, p.132) asserts, there is a "surface recognition that caring has a new fluidity", with mothers no longer seen as the only ones responsible for caring. This, however Macdonald (1995) asserts is problematic, as women continue to take on the majority of caring responsibilities.

Whilst the angel stereotype was evident on television, for example, in the British hospital drama *Angels* (1976-1983), and in film, mainly those pertaining to the first world war which represented the heroism of nurses, it is now, Holloway (1992) argues, mostly associated with the news press. An example of this can be seen in two recent articles from *The Sun* newspaper, which referred to nurses as angels (The Sun 2015, 2016). In 2016, *The Sun* made a local nurse their 'angel of the week' and headlined in 2015 with 'our gift to the Ebola angel', referring to a nurse working in Sierra Leone.

### **The Handmaiden**

Stereotypes of nurses as handmaidens in the media represent nurses in reference to doctors, with nurses "following doctors' orders, assisting doctors and appearing to have no autonomy of their own" (Holloway 1992, p.22). As Muff (1982) suggests, myths of women, as unintelligent, subservient and under the control of men are reflected in the handmaiden stereotype, as applied to nurses.

An example of the handmaiden stereotype can be seen in 1960s medical dramas, such as *Ben Casey* (1961-1966) and *Dr Kildare* (1961-1966), where the physicians were represented as the "captain of the medical ship" and "God like medical men" (Turow 2012, p.4). The doctors were presented in what Gordon and Buresh (2001, p.34) call a "heroic medical narrative" with nurses represented in the media in

relation to doctors 'heroism', which was largely seen in television dramas from the 1950s to the 1980s (Kalisch and Kalisch 1982b; Kalisch and Kalisch 1986). Moreover, Summers and Summers (2009, p.42) assert that nurses often appear in the background in medical hospital drama and film whilst their jobs were carried out by visible doctors, "clearly ignoring nurses real contributions to health". This, they assert, adds to the media's ignorance concerning nurses' roles when portraying them as the peripheral servants of "heroic physicians".

Whilst the angel stereotype is believed to have arisen from the religious origins of nursing, it is asserted that the handmaiden stereotype arose from nursing's early connection to religion but also to the military, and similarly, from connections to Florence Nightingale in the Crimean War (Bridges 1990; Darbyshire and Gordon 2005; Cabaniss 2011; Darbyshire 2013). It has been argued that this stereotype also arose from society's attitude to gender appropriate roles with women nurses seen as subservient to the doctors who are men (Jinks and Bradley 2004). As Darbyshire and Gordon (2005, p.77) assert, "...in this handmaiden role, the nurse is essentially an empty head who borrows the doctor's knowledge, skill and judgement, and acts as his agent or eyes and ears".

Furthermore, in the 19th century, nurses were seen as primarily handmaidens to doctors, and represented in the media as such, with no faculties for thought of their own (Hallam 2002; Ferns and Chojnacka 2005). This power imbalance between nurses and doctors in Western societies, as suggested earlier, is based on gender, with men's jobs considered of higher status and value than women's jobs. Stereotypes therefore conformed to traditional gender roles with the doctor (a man) in charge (Jinks and Bradley 2004). In agreement, Holmes (2012, p.383) claims that, hospitals were used as "metaphors for home life", with a patriarchal structure that placed doctors who are men at the head, with nurses' work considered less important.

As stated earlier, stereotypes often work by containing a 'kernel of truth', which makes the stereotype appear more plausible (Perkins 1979). The handmaiden stereotype is believed to be an enduring stereotype because, it is suggested, it is closest to the 'truth' (Bridges 1990; Hallam 2000). As Bridges (1990 p.852) asserts,

quoting Austin et al. (1985), from the beginnings of nursing, nurses undertook tasks which made them “responsible to the doctor for all aspects of care that remain untouched by cure practices and ideologies”, and therefore, from this time she argues nurses were considered as handmaidens to doctors.

It has also been claimed that nurses feel complemented by the stereotyping of nurses as handmaidens, as Darbyshire and Gordon (2005) argue nurses seem flattered by the idea that they are irreplaceable to the doctor. Although the authors have no primary evidence for this, it is also suggested that some nurses are also flattered by the angel stereotype, as Salvage (2015) and Salvage (1983, p.14) asserts, “...the trouble is we are secretly flattered by the myths, especially those emphasizing dedication and high-minded sacrifice”.

There is also evidence that the nursing profession approve and reproduce stereotypes with Gordon and Nelson (2005, p.63) arguing that current advertising campaigns in the United States (US) for nurse recruitment have “repackage(d) nursing’s traditional stereotype of women to be good, kind and self-sacrificing”. This reflects the work of Macdonald (1995), who argues that women approve myths of femininity whilst at the same time they are openly critical of them. Kalisch and Kalisch (1980-2007) are a particularly good example of this; on the one hand seeing representations of nurses in the popular media as ‘self-sacrificing’ as ‘positive’, whilst spending a significant proportion of their academic work criticising the stereotyping of nurses in the popular media. Darbyshire (2013) maintains there are consequences in colluding with these stereotypes, as the angel requires no education or pay as opposed to human nurses, and the handmaiden requires no education or skill, as is required of contemporary nurses, therefore these stereotypes are thought to be damaging to the profession.

Gordon and Nelson (2005), Darbyshire (2013) and Salvage’s (2015) assertion that nurses approve of nursing stereotypes is of particular significance for this research as it suggests that nurses have a relationship with their stereotypes; despite this there is very little empirical work which substantiates this claim. The suggestion that nurses

approve, and thus maintain, nursing stereotypes and that this has potential implications for nursing, is discussed in more detail in Chapter Two.

### **The Invisibility of Nurses in the Media**

The handmaiden stereotype and the representation of nurses as invisible, as a “non-entity”, in the media, represents similar ideas about nursing (Holloway 1992, p.21). Indeed, in film and television, nurses are seen in relation to the doctors as playing a secondary role, assisting and following orders (Holloway 1992). In addition, nurses are represented as background features, with their contribution to healthcare overlooked (Kalisch and Kalisch 1986; Holloway 1992; Summers and Summers 2015). This could be due to the hierarchical notion of the profession, as it is related to gender and the division of labour between women and men (Turow 2012).

As previously discussed, Kalisch and Kalisch (1986) compared nurse and doctor characters in films, television and novels from 1920 to 1980, finding that nurses were most commonly represented as an assistant to other health professionals, providing emotional support to patients and families. Additionally, across the entertainment media, they found that nurses in comparison to doctors were “less central to the plot” (Kalisch and Kalisch 1986, p.179). They therefore concluded that “the contribution of the nurse to health care as portrayed in the entertainment media has been distinctly underplayed, and conversely the role of the doctor has been presented in an exaggerated, idealistic and heroic light” (Kalisch and Kalisch 1986, p.185). Whilst Kalisch and Kalisch’s (1986) studies were completed over twenty years ago, before more contemporary hospital dramas such as *Casualty* (1986- ), *ER* (1994-2009) and *Scrubs* (2009-) more recent literature confirms these findings and suggests that nurses in hospital dramas continue to be portrayed in minor roles (Berger 2010; Turow 2010; Turow 2012; Darbyshire 2013)

Darbyshire (2013, p.54) argues that, in many medical programmes, nurses’ roles are “airbrushed out” and consequently nurse depictions are inaccurate in terms of nurses’ actual roles. Indeed, Summers and Summers (2015) maintain that doctors are often seen undertaking procedures that nurses routinely carry out. McHugh (2012, p.12) calls this a “media syndrome” which “renders nurses either invisible in settings and

situations where they should and would be present in hospitals, emergency departments, patient bedsides, and other health care sites-or misrepresented in a very particular way”. Nevertheless, McHugh (2012) argues that this ‘media syndrome’, may be evolving. These changes will be discussed later in the chapter.

In a recent media analysis, Turow (2010) and Turow (2012) presented a comparison of 1960s American television portrayals of nurses and doctors with present day portrayals. The author’s intention was to consider what they call ‘medical institutions’, including doctors and nurses and how they are represented in ‘doctor shows’. Turow (2010) viewed hospital dramas and read scripts for others, although no particular process of analysis or rigour is identified. The author concludes that, a “limited and incomplete portrayal of nurses has been an enduring feature of prime time medical television programmes” (Turow 2010, p.4). It has not been possible to establish full details of how the hospital dramas were analysed, however Turow’s (2012) work is important because it does confirm the dated work of Kalisch et al. (1982a) and Kalisch and Kalisch (1986, p.179), who had previously found, that nurses were represented in minor roles, as a resource for health professionals and “less central to the plot”.

Incomplete portrayals of nurses, Turow (2012) suggests, are due to the power of medical organisations in challenging inaccurate portrayals of doctors, as opposed to nursing organisations’ inability to influence media organisations. In particular, Turow (2012, p.4) attributes this to the power of the American Medical Association, who in the late 1950s and early 1960s influenced the accuracy of medical dramas, which were consequently “physician centric”. To illustrate, these early programmes such as *Dr Kildare* (1961-1966) and *Ben Casey* (1961-1966), had physician advisory boards, which had to give the ‘go ahead’ for scripts (Berger 2010). The formula devised at this time, according to Turow (2012) was then followed in many other hospital dramas.

In the 1960s, Turow (2012, p.5) asserts, American medical dramas presented a “high tech, hospital-based physician” in central roles with nurses playing minor subordinate roles. In agreement, Berger (2010, p.21), argues, doctors “were the

captains of the medical enterprise”. This also reflects the media analysis of Kalisch et al. (1982a). Towards the end of the 1960s, the power of the medical profession in influencing the content of medical dramas dwindled, although they continued with other healthcare organisations to exert “friendly pressure” (Turow 2012, p.8). It is suggested however, that this ‘physician centric’ formula continued throughout the 1980s and 1990s (Turow 2012; Berger 2010). From the 1980s onwards, there was also a shift in television narrative towards ensemble casting, rather than a focus on one key character, and the presentation of multiple storylines. This occurred in line with an increasing interest in physicians’ personal lives and circumstances (Turow et al. 2006; McHugh 2012). This, McHugh (2012) argues, placed nurses in better roles as a part of a team; as examples she cites, amongst others, *ER* (1994-2009) and *St Elsewhere* (1982-1988).

McHugh (2012) and Turow (2012) argue that newer medical dramas like *Nurse Jackie* (2009-2015), *Hawthorne* (2009-2011) and *Mercy* (2009-2010), mark a “departure from the Dr formula” with nurse characters occupying central roles (Turow 2012, p.9). McHugh (2012, p.15) considered these three shows, suggesting that all the main nurse characters were “intelligent, independent and competent clinicians”. The programmes, McHugh (2012, p.12) argues, challenge “nursing’s longstanding invisibility and misrepresentation on television” with programmes representing nurses as carrying out the tasks their roles require. Whilst McHugh (2012) asserts that *Mercy* (2009-2010) and *Hawthorne* (2009-2011) present their main nurse characters as idealistic, *Nurse Jackie*’s (2009-2015) main character is, she maintains, represented as deeply flawed on a personal level. Overall McHugh (2012, p.18) concludes, “nurses are no longer completely invisible on television”. In opposition to this argument, Summers and Summers (2015) continue to argue that nurses continue to be misrepresented and are invisible in medical drama.

Gordon (2005) suggests that the aforementioned shows do represent a more positive representation of nursing. However, the American Nurses Association “issued a statement of disappointment” concerning *Nurse Jackie*’s (2009-2015) focus on the main character’s dysfunctional personal life (Cabaniss 2011). At the same time, Turow (2012) argues that in *Grey’s Anatomy* (2005- ), *House* (2004-2012) and

*Private Practice* (2007-2013), nurses remain invisible. In agreement, Cabaniss (2011) asserts that, *House* (2004-2012) represents nurses as at the most “background props”, and in *Grey’s Anatomy* (2005- ), doctors were pictured carrying out tasks usually undertaken by nurses. *ER* (1994-2009), however, is praised by Cabaniss (2011) as it presents nurses in more central roles. Gordon and Buresh (2001), disagree with this, believing that *ER* (1994-2009) continued until its conclusion to give the doctors central and more exciting storylines.

There is also some literature, which argues that nurses also lack visibility in the news media. With Kalisch and Kalisch (1986), Buresh and Gordon (2013) and Summers and Summers (2015) arguing that the central and diverse role that nurses actually play in the delivery of health care is virtually absent in the news media. One research study which considered nurses and the news media, was the American Woodall study on nursing and the media, which was commissioned by the Sigma Theta Tau International Honour Society of Nursing. This concluded that nurses and nursing are “invisible to the media” (Sigma Theta Tau International 1997, p.8). A student team of researchers conducted a month long study at the University of Rochester, USA surveying 20,000 health related articles published in 16 American newspapers, magazines and health industry publications in September 1997. The study found that nurses were only cited in 4% of the time in health care publications, and mainly, just in passing. Overall, they concluded that nurses were represented in a much less favourable light than doctors. However, this is an American study, which may not be relevant to the British context; it is also dated, as it was conducted over 15 years ago. There is no similar empirical critique of the British news media.

The literature also suggests that when nurses are visible, it is only certain types of nurses, mainly those working in hospitals (Kalisch et al. 1982a; Darbyshire and Gordon 2005; Darbyshire 2013). As Kalisch et al (1982a) found in their analysis of television, nurses were pictured predominately in an acute hospital setting (82%) with portrayals of community nurses rare (1.2%). This representation of nurses only working in acute settings, Darbyshire (2013, p.55) argues quoting McCoppin and Gardner (1994), provides a “one-dimensional view of nursing” which renders other



types of nursing to be “less than” real nursing, restricting, they say, what people think nursing really is.

As Darbyshire (2013) writes:

It is not only the various forms of community nursing which may be seen as less than “real nursing” but also the myriad of other forms of nursing, such as working in mental health, health promotion, school nursing, working with people with learning or intellectual disabilities, and many others. (Darbyshire 2013, p.55)

As earlier stated, whilst there is a plethora of theoretical papers regarding nurses’ representations, very few empirical contemporary studies are evident, and the level of analysis undertaken by Kalisch and Kalisch (1986) of film and television has not been replicated in light of newer hospital dramas. Nevertheless, Turow (2012) and others assert that nurses continue to be hidden from the central plot in hospital dramas. As Kalisch et al. (2007 p.182) claim, “the physician continues to receive nearly all the credit for any positive health care outcomes”. This assertion, though, not fully examined recently, could, as Cabaniss (2011, p.112) argues, “send(s) a message to television viewers that nurses are unnecessary because the role of physician is presented as most valuable”.

### **The Naughty Nurse**

Representations of nurses as sexually available dressed in sexy uniforms have been evident in the media since the 1950s in film, television, advertisements, novels, pornography and the news media (Kalisch et al. 1982b; Bridges 1990; Ferns and Chojnacka 2005; Salvage 2006). In addition, within the sex industry, Ferns and Chojnacka (2005, p.1031) argue nurses are highly represented, as they state, “images of the naughty nurse sell everything from clothes to videos and CDs”.

The link between women and sexual promiscuity has a long history with women being associated with sex as early as the 14<sup>th</sup> and 15<sup>th</sup> century, with women healers labelled as witches and persecuted due to their healing skills and apparent connection to sex and the devil (Muff 1982). This connection between women and sex, Muff (1982) claims, reflects myths of femininity, which positions women as seductive and

sexually available, this myth she maintains plays to fantasies that women seduce 'innocent men'.

This association between nurses and sexual promiscuity is believed to have begun in tandem with the rise of the feminist movement (Kalisch and Kalisch 1982c, Kalisch et al. 1982b; Holmes 2012) and was due, Bridges (1990) asserts, to male opposition to the demand for more recognition of women, which threatened men's dominant position in society. In addition, it has been suggested that the sexual stereotyping of nurses is in response to a power imbalance between nurses as women, and patients, assumed as men (Darbyshire 2013). As Darbyshire (2013, p.59) argues, in the patient nurse relationship, the patient becomes powerless and the relationship between men and women is reversed. The power of the nurse is thus reduced and the balance readdressed using stereotyping to sexualise the nurse's role (Holloway 1992).

Ferns and Chojnacka (2005, p.1028) argue that the *Carry on Films* (1958-1992) made a "significant contribution" to the 'naughty' nurse and the 'battleaxe stereotype', with Barbara Windsor playing the part of a 'naughty nurse' who is represented as, "sexy, brainless and flirtatious" and the character Hattie Jacques, the formidable hospital matron (Holloway 1992, p.23). More recently, Ferns and Chojnacka (2005) assert British hospital dramas such as *No Angels* (2004-2006); *Casualty* (1986- ) and *Holby City* (1999- ) have portrayed the 'naughty nurse' stereotype. In addition, Ferns and Chojnacka (2005) also argue that any programme involving nurses uses the opportunity to portray nurses sexually, with the naughty nurse stereotype continuing to be reproduced, in comedy, pornography and tabloid newspapers.

Drawing from their earlier work, which analysed nurses in film, television and novels, Kalisch et al. (1982b p.147) considered "the nature and extent of the motion picture industry's depiction of the nurse as a sex object". They analysed 211 nurse characters (100% women) in 191 US films from 1930-1979, utilising a self-created content analysis tool, "the sex object index", to measure "sexual appeal and sexual behaviour" of the nurse characters" (Kalisch et al. 1982b, p.148).

The researchers found that 73% of nurses in films were portrayed as sex objects in varying degrees. Sexual stereotyping was mainly found in “comedy, horror, adventure, romance, and other fantasy films” and, unsurprisingly, a lower incidence of sexual stereotyping was found in “the more serious entertainment films, such as biographical, historical, and religious types” (Kalisch et al 1982b, p.152).

The author’s findings also indicated a change in the nurse characters over time, with films sampled from 1930 to the 1950s representing nurses as “disciplined, noble and virtuous” (the angel) and the 1960s and 1970s representing nurses as sex objects (the naughty nurse). In addition, they found that the representation of nurses as sex objects rose significantly between 1960 and 1970, arguing from the 1960s up until the publication of their paper in 1982, that there has been a rise of sexual stereotyping of nurses in film (Kalisch et al. 1982b).

In a recent analysis of sexual stereotyping in British newspapers, Ferns and Chojnacka (2005) conducted a quantitative analysis over the previous five years (2000-2005) of 156 local and national newspapers by searching for links between sexual terms and a number of occupations, including nursing. Their findings indicated that newspapers in the United Kingdom continue to sexually stereotype nurses, using the terms ‘naughty’, ‘sexy’, ‘kinky’ and ‘saucy’. The authors found two main trends in terms of associating nurses with sex; firstly, that newspapers repeatedly represented nurses as sexually available and secondly, there was regular reference made to celebrities and others dressing up in ‘sexy’ nurse costumes (Ferns and Chojnacka 2005).

Conversely Ferns and Chojnacka (2005, p.1030) also found that as well as sexually stereotyping nurses, newspapers also represented nurses as “caring, hardworking and dedicated professionals”. Indeed, tabloid papers were more likely to use sexual phrases in reference to nurses, whereas the broadsheets were more likely to focus on the professional aspects of nursing (Ferns and Chojnacka 2005). The limitation of this study, however, was its reliance on one website from which articles were sourced, with many articles replicated in a number of publications. However, this work is important, because it is one of the first that has relevance to British nurses

and, secondly, it is similar to Kalisch et al. (1982b) and Stanley's (2008) media analysis in film and television, lending more evidence to the suggestion that nurses are sexually stereotyped in the media.

In an even more contemporary consideration, Stanley (2008), utilised a mixed method approach to consider the portrayal of nurses as key characters in American and British feature films from 1900 to 2007. Stanley (2008, p.84) reviewed 36,000 feature film synopses and selected 280 films with nurses as main characters. They used a quantitative approach to examine the sampled films for country of origin, genre, and plot, and a qualitative approach to identify themes relevant to nurses (Stanley 2008). Findings indicated that representations of nurses as self-sacrificial and heroic were most evident in earlier films: heroine, sex object and romantic/feminine themes occurred across all decades. Stanley (2008) found that 74 of the 290 films (26.4%) represented nurses as overtly sexual, as opposed to the earlier study by Kalisch et al. (1982b) which found that 73% of nurses in film were portrayed as sex objects. However, it is important to be cautious when comparing these results as Kalisch et al.'s. (1982b) study was of shorter duration (1930-1980) and the researchers considered a smaller number of films (n=191). The authors may have also analysed the same films, however Kalisch et al. (1982b) do not offer a comprehensive list of studies analysed, which I consider a limitation of this work.

It is important to note that unlike Kalisch and Kalisch (1987), television was not included in Stanley's (2008) analysis. As the author observes, this would have been a "mammoth" task beyond the resources of the study, however this is the largest study completed of nursing representations in film since the seminal work of Kalisch and Kalisch (1982a) and Kalisch et al. (1982b). All these key studies suggest that nursing characters continue to be sexually stereotyped in various media.

### **The Battleaxe**

Bridges (1990 p.851) describes the battleaxe stereotype as the image of an "overweight, authoritarian senior nurse", citing for example, *Nurse Ratched*, a nurse in a psychiatric hospital from the film *One flew Over the Cuckoo's Nest* (1975) and *Hattie Jacques*, the hospital matron from the British *Carry On Films* (1958-1992).

This stereotype, Holloway (1992, p.25) asserts, is represented in the media as an older unmarried nurse who is “authoritarian, autocratic and uncompromising” to patients, doctors and colleagues. The battleaxe stereotype, Darbyshire (2013) argues, is in direct opposition to the handmaiden and angel stereotypes with nurses represented as old, ugly, fat, asexual and cruel, as opposed to saintly, pretty and kind. The battleaxe stereotype is thus applied to nurses who do not conform to the “mythical norms of the ideal nurse” who is sexually available whilst at the same time saintly (Darbyshire 2013, p.58).

The origin of this stereotype, Bridges (1990) maintains, derives from the power of the matron in early nursing. This stereotype, similarly to the naughty nurse’s stereotype, is believed by feminist theorists to be a direct challenge to nurses’ control over men’s bodies. As Bridges (1990, p. 852) argues, “...this image could be seen as a means of reversing female power and male dependency” in the nursing situation. This could explain why this particular stereotype dominated in the 1960s and 1970s when the feminist movement rose in influence (Bridges 1990). Indeed, Kalisch and Kalisch (1982a, p.611) argue, that in the 1960s and 1970s, nurses were often represented in films along “unflattering and often frightening lines”.

Muff (1982, p.118) argues that this stereotype reflects the stereotype of “woman as bitch” which she claims “diffuses” the power of women and makes women the target of male aggression. This stereotype is regarded as in opposition to the angel stereotype which Muff (1982) claims is derived from the “woman as earth mother stereotype”, with nurses, caring and supportive, and the battleaxe as the antithesis of the earth mother, being “violent unpredictable and uncontrollable” (Muff 1982, p.118). The battleaxe myth, therefore, represents what it means to be a bad woman/mother and a bad nurse.

As Hallam (2000) argues:

The constant reiteration of stereotypes reinforces dominant conceptions of 'Woman'; attitudinal behaviours such as self-sacrifice, obedience, loyalty and devotion are given high moral and ethical value and are represented as normative behaviours for 'good women. Qualities such as self-determination, assertiveness and leadership are given negative connotations when attached to women (the 'battleaxe' syndrome), but in males are highly valued. (Hallam 2000, p.21)

Darbyshire (1995, p.198) provides a feminist critique of *Nurse Ratched*, from the film *One Flew Over the Cuckoo's Nest* (1975), stating that *Nurse Ratched* is the opposite of the "angel" stereotype, "synonymous for all that is bad in nurses and nursing". Darbyshire (1995) however argues that this notion of *Nurse Ratched* as a "bad nurse" is overly simplistic and a more critical consideration is required. Indeed, Darbyshire (1995, p.198) maintains, that *Nurse Ratched's* "rigidity, authoritarianism, malevolence, power, control, uncaring aloofness", large size and sexual unavailability are all qualities not expected of a woman. This, Darbyshire (1995, p.199) claims, is a common "representational device" which shows the opposite of what an ideal woman/nurse should be.

Consequently, *Nurse Ratched* has been demonised for being in control and in a position of authority, all qualities not expected of women and by default nurses. Darbyshire (1995) therefore argues that the *One Flew Over the Cuckoo's Nest's* (1975) representation of a head nurse should not be seen as an example of a bad nurse, but seen as an arena where sexism is played out'. As Darbyshire (1995, p.201) maintains, *One Flew Over the Cuckoo's Nest* (1975) "can be said to represent little more than an ultra conservative attack upon women's emancipation and advancement".

In 1983 Salvage argued that the battleaxe stereotype appeared to be fading due to management restructuring in the 1970s and 1980s, which saw matrons replaced with charge nurses. However, this assertion was made over twenty years ago and more recently Ferns and Chojnacka (2005, p.1028) argue that the battleaxe stereotype is an "enduring image". However, both authors make an assumption, which is not based on primary research, that the battleaxe stereotype is declining in the media. Jinks

and Bradley (2004) argue, there are very few current research papers on nursing stereotypes so it is difficult to ascertain if this stereotype continues to be reproduced in the media.

To summarise this section has considered the four main stereotypes of nursing and their relationship to myths of femininity, arguing that the way nurses have been represented is governed by their gender. The literature reviewed suggests that the media over time have represented nurses as angels, handmaidens, naughty nurses, and battleaxes. As McHugh (2012, p.1) argues, the media “sentimentalize, demonize, or sexualise nurses” but has rarely represented them “in relation to what they do”.

### **Nurses who are Men**

This section explores the literature, which concerns the representation of nurses who are men in the media, acknowledging the role of gender in the construction of such. Whilst the representation of women nurses has been considered by academics, and by the nursing profession since the early 1980s, an academic consideration of nurses who are men is more recent. This literature suggests that men who are nurses, are stereotyped in the media as less than masculine on entering an occupation assumed more suited to women (Donaldson 1993). This growing interest in the representation of men who are nurses in the media, Weaver et al. (2013a) assert, is due to the increasing number of men in the nursing workforce and the identified need to recruit men in light of potential nurse shortages.

As earlier stated, gender implies a hierarchical division between women and men, which associates certain traits with femininity and masculinity (Jackson and Scott 2002). Myths of masculinity, just as in myths of femininity, tell a story of what it means to be a man or woman, and these myths, Macdonald (1995) argues, are so ingrained within our society that they become ‘natural’. These divisions between women and men are constructed socially and are both historically and culturally determined (Burr 2003; Berger 2010), therefore, the meanings of masculinity and femininity differ at different times in history and within and between societies (Jackson and Scott 2002).

Masculine and feminine traits, as applied to men and women, are also subject to a hierarchical division; with so called masculine characteristics given higher regard within society than feminine characteristics (Walby 1990). Myths of masculinity represent men as strong and technically skilled, as we have seen in representations of doctors in the media, with Kalisch and Kalisch (1986, p.179), finding that men who are doctors in novels, film and television were represented as “characters consistently exhibiting drive, individualism, rationality and intelligence”. However, as opposed to men who are doctors, the following evidence appears to propose that men who are nurses are not subject to these myths of masculinity (Harding 2007; Stanley 2012; Weaver et al. 2013a). Indeed men, who are nurses are stereotyped as less than masculine on entering an occupation assumed more suited to women (Donaldson 1993). This, I propose, arises from the essentialist view, that women are biologically more suited to nursing than men.

Representations of men who are nurses in the media are subject to myths of what Connell (2002, p.62) calls “subordinated masculinity” a key form of which is homosexuality, as opposed to doctors who are men in the media who are frequently subject to media representations to do with myths of hegemonic masculinity (Jansen and Sabo 1994; Stanley 2012). As Harding (2007 p.641) asserts, “...within a patriarchal ideology that ascribes gender-appropriate roles, men entering ‘female occupations’ do not conform to the script of hegemonic masculinity. Hegemonic masculinity, Connell (2002, p.60) argues, is a “social ascendancy” of masculine traits, constructed through private and cultural methods, which is positioned in relationship to women and “subordinated masculinities”. Subordinated masculinities can be viewed as masculinities that are constructed as subordinate to hegemonic masculinities and are therefore seen as vulnerable to discrimination (Connell 2002). A key form of subordinated masculinity Connell (2002) states, is homosexuality, which can be seen in the construction of men who are nurses as gay in the media. This stereotyping “privileges hegemonic masculinity and marginalizes homosexuality” (Harding 2007 p. 636)

Although nursing was traditionally considered a profession of women, men have a long history in nursing. As early as the 11<sup>th</sup> century, monks undertook nursing care



in monasteries until their dissolution between 1536 and 1541 (Mackintosh 1997; Whittock 2003). In the 18<sup>th</sup> and 19<sup>th</sup> century, men continued to provide care for the poor and during wars, men worked as nurses in military hospitals (Whittock 2003; McMurry 2011). Nursing became considered a suitable profession for women towards the end of the nineteenth century when Florence Nightingale and other nurse leaders wished to improve the status of nurses by recruiting well-bred women and excluding men from nursing work (Kalisch and Kalisch 1982c; Mackintosh 1997; Whittock 2003). This, Mackintosh (1997, p.233) asserts, created “a non religious nursing sisterhood” which reflected Victorian notions of appropriate roles for men and women. As already stated, with the rise of industrial capitalism and the beginnings of the welfare state, there was a very clear division between the sexes; with women deemed more suited to domestic and caring tasks, and men suited to more skilled and technical jobs (Clarke and O'Neill 2001; Walby 1990). From this time, there was an assumption that nursing was a female task undertaken by women. This assumption was based on an essentialist view that woman's biology and her 'feminine' qualities were suited to nursing (Davies 1995; McMurry 2011).

At the start of the 1900s, the General Nursing Council only recruited women, and it was not until the end of the 1930s that men began to be recruited into the profession; although not all schools of nursing admitted men at this time (Mackintosh 1997). Manchester Royal Infirmary did not accept recruits until 1968 and the Royal College of Nursing banned men from joining the college as members until this point (Mackintosh 1997). Since the 1960s, men recruited into nursing have remained at under 11% of the profession and in the United Kingdom in 2015 out of 687,865 registered nurses, there are 73,492 registered nurses, who are men, who make up 9.4% of registered nurses (Nursing and Midwifery Council 2015). In addition, men are now actively encouraged by nursing organisations to enter the profession (Burton and Misener 2007).

The media is oversaturated by images of nurses who are women associated with myths of femininity, and doctors associated with myths of masculinity (Kalisch and Kalisch 1986; Kelly et al. 2012; Weaver et al. 2013a). The evidence also indicates, that men who are nurses are not subject to the same myths of masculinity as doctors

but are subject to myths of subordinated masculinity which are reproduced in the media, with men who are nurses questioned in film and hospital drama in the terms of their masculinity and sexuality, or represented as homosexual, overtly or not. As Weaver et al. (2013a) suggests, men in nursing are a contradiction to the association between femininity and nursing, so the media, they assert, represent nurses who are men, as 'feminine'.

Stanley (2012) undertook an interpretative consideration of how men who are nurses have been portrayed in feature films, in the belief that men who are nurses are subject to negative stereotyping in feature films. They examined the portrayal of men who are nurses in 13 films identified from 36,000 film synopses from 1900 to 2010. Twelve of the films were American and one was Spanish. They used a qualitative interpretative methodology to search for "key attributes" of men who are nurses as they relate to ideas of "hegemonic masculinity". In light of the analysis, Stanley (2012, p.2531) argues that similar to women nurses, men who are nurses are subject to representations that concern their gender and sexuality. Nurses, who are men, Stanley (2012) argues, were represented in films as effeminate, with characters questioned on their masculinity and sexuality in light of their occupational role. One example of the representation of a man who is a nurse the author gives is from the American films, *Meet the Parents* (2000) and its sequel *Meet the Fockers* (2004). These films focus on the life of a man who is a nurse, Greg Focker, and his partner who are meeting their prospective parents. In both movies, Greg is closely questioned on his career choice, his masculinity and his intelligence.

From this study Stanley (2012, p.2526) claims that feature films in the majority, portrayed men who are nurses 'negatively' and contrary to "hegemonic masculinity", as "effeminate, homosexual, homicidal, corrupt or incompetent". From 36,000 film synopses, only 13 films were discovered to have nurse characters who are men as opposed to 280 identified with women nurse characters in his earlier study. This then, if correct, indicates that of all films made with nurse characters who are men, the large majority presented a stereotypical view of nurses who are men. In light of his findings Stanley (2012) argues that 'negative' representations of men who are

nurses in film may affect recruitment of men into the profession and the public perception of men who are nurses.

More recently, Weaver et al. (2013a), undertook a qualitative textual analysis of one season of five American hospital dramas on television between 2007 and 2010, all of which have been shown or are showing on British television; *Grey's Anatomy* (2005-), *Hawthorne* (2009-2011), *Mercy* (2009-2010), *Nurse Jackie* (2009-2015) and *Private Practice* (2007-2013). Weaver et al. (2013a) wished to consider the construction of men who are nurses on television, to explore if men who are nurses are subject to stereotyping; if characters are represented as masculine and to consider the status of nurse characters who are men.

The researchers found that nurse characters who are men on television were both explicitly and implicitly stereotyped, with programmes trying to engage with stereotypes, whilst others reinforced them in more subtle ways through what Weaver et al. (2013a, p.7) calls a 'competing discourse'. Nurse characters, who are men they state, were questioned about their masculinity, sexuality and choice of career, reflecting, the authors note societal assumptions concerning men who are nurses. Men who are nurses were also represented as objects of humour, or as extras/background props, which is similar to what has been found in the representation of nurse characters who are women (Kalisch et al. 1982a; Kalisch and Kalisch 1986; Turow 2012). In addition nurse characters who are men, Weaver et al. (2013a, p.7) asserts, were represented as "powerless, homosexual or effeminate", not conforming, they assert, to "conventional notions of masculinity". This is similar to Stanley's (2012) findings in his consideration of film. Weaver et al. (2013a, p.7), however, did not find in hospital dramas that men who are nurses were "homicidal, corrupt or incompetent" as Stanley (2012, p.2526) did in his exploration of film.

Weaver et al. (2013a), similarly to Stanley (2012), assert that these representations could potentially affect the recruitment of men into the profession and the acceptance of men who are already nurses in the profession. Both Weaver et al.'s. (2013a) and Stanley's (2012) studies examined a small sample of film and hospital dramas making it impossible to generalise to other films and drama, and indeed other forms

of media. As with all qualitative explorations of this type, both works are subjective and, as McKee (2003) asserts, present only one possible interpretation of the media. They do, however, offer an in depth analysis of characters of nurses who are men and this suggests that nurses who are men as with women nurses, are subjected to stereotyping in the media.

Burton and Misener (2007) designed a recruitment campaign for men in Oregon, USA to address nursing shortages and to address what they say are inaccurate public perceptions of nurses who are men. They began by examining relevant literature and media in order to consider current male stereotypes evident in the media. From this, they state that male stereotypes can be grouped into three themes. The “physician wanna-be” or “failed medical school applicant”, the “gay effeminate, the “misfit” and the “womaniser” (Burton and Misener 2007, p.258). However it is difficult to conclude much from this as the authors do not indicate which media were reviewed, or how analysis was undertaken. Nevertheless, their findings are similar to Stanley (2012) and Weaver et al. (2013a) in asserting that men who are nurses are also subject to stereotyping in the media. This work, despite its weaknesses, is also cited in multiple papers concerning the representation of men who are nurses in the media and implications for the profession as such it underpins much of the academic debate on the representations of nurses who are men in the media. As it is my intention to explore the literature on the potential consequences of nurse representations on nursing, these papers are discussed further in Chapter Two.

There is evidence that representations of nurses who are women has changed over time and continue to do so, however this, Stanley (2012) asserts, is not evident in representations of men who are nurses in film. This is a newer area of research interest, so changes in representation of nurses who are men may not be evident. However, Weaver et al. (2013a, p.8) argue that there is an increasing number of “on screen competent men in nursing”, and in addition, Stanley (2012, p. 2535) found a few characters showing “compassion, care, confidence and clinical decision making skills”.

This section has also demonstrated the need for further studies on men who are nurses and their representation in the media. The study of media representation of men who are nurses is relatively new, and no studies could be found which ask British men who are nurses their perceptions of nursing representations. Moreover, Weaver et al. (2013a) suggests the need for studies that ask men who are nurses their opinions about nursing representations and, Ferns and Chojnacka (2005) maintains, a study is required which considers stereotypes of men in nursing and the effects of recruitment into the profession. Consequently, the literature has identified a new area for academic investigation, and as such, it is one of the intentions of this thesis to explore with men who are nurses, their perceptions of representations in the media.

### **Changing Representations**

The next section further explores the literature which asserts that the representation of women nurses have changed over time alongside changes in nursing and the position of women in society. Despite this, I argue that nursing stereotypes which rely on myths of femininity, still reoccur in the media and circulate in broader social conversation.

It is important to be cognisant that whilst there are a plethora of theoretical papers in this area, there have been relatively few research studies that have analysed the media to the same extent as Kalisch and Kalisch (1980-2007) it is therefore difficult to ascertain the extent of change in nurse representations. However, acknowledging that nurses in the majority are women, and have been represented as such, has allowed me to consider the work of Macdonald (1995) a British academic in media and film studies. Macdonald (1995) provides a contemporary account of the representation of women, arguing that the role of women in society and subsequently myths of femininity, have been subject to change, whilst also continuing to persist (Macdonald 1995). As Macdonald (1995 p.1) argues, “myths, chameleon-like, have the capacity to both change hue and yet to survive”.

The previous sections have acknowledged that nurses in the media are have been overwhelmingly represented as women, and are, therefore subject to myths of

femininity, which include stereotypes that represent nurses in the media as the angel, the handmaiden, the naughty nurse and the battleaxe. Whilst it has been suggested that these stereotypes have different origins, it is also argued that their meanings have shifted over time (Hallam 2000). We can see some evidence of this in the work of Kalisch and Kalisch (1987) in their analysis of film, television and novels, which indicates that specific stereotypes have dominated in particular time periods. As Macdonald (1995) argues, the role of women in society, and subsequently myths of femininity have been subject to change, however they continue to persist, and are reproduced and maintained in the media and throughout wider society (Macdonald 1995; Darbyshire 2013).

The evidence also intimates that nurses have been represented on television, and in films, in the background, assisting doctors in acute settings, and they are often ignored in health news stories. Increasingly, though, academic debate has begun to identify a change in these representations. It is argued that representations have undergone a number of changes over time, with representation less subject to stereotyping; reflecting more confident and assertive practitioners (Bridges 1990; Stanley 2012; Darbyshire 2013).

Kalisch and Kalisch (1987) draw on their analysis of American television, film and novels to argue that nurse representations in film have evolved over time. In their study of film in particular, they assert that changes in representations of nurses is similar to that of women film characters and this, they state, is due to nurses being represented, in the majority, as women (99.5% in this study) (Kalisch et al. 1980). They argue that nurse representations, similarly to women characters, were ‘positive’ in the 1940s, with nurse characters “self sacrificing, humanistic and patriotic”. Representations declined post war, and were at their worst in the 1970s, with nurses represented as “hostile, sadistic and promiscuous” (Kalisch et al. 1980, p.552). As stated though this work which considers film and television was completed in the 1980s and so does not reflect contemporary changes.

In terms of British hospital dramas, *Casualty* (1986-), Hallam (2002) claims, focuses on nurses rather than doctors, with nurses considered integral members of the team.

As Hallam (2002, p.194) maintains, the programme has “explored aspects of gendered identity and working relationships including the problems faced by gay male nurses, black male nurses and black female doctors”. However, on a more detailed examination she contends that gendered relations remain, arguing that men who are nurses have ‘garnered much of the limelight’ in *Casualty* (1986- ), with Charlie (the show’s charge nurse who is a man) having many of the traits traditionally assigned to doctors in early hospital dramas. This, she proposes, ensures “continuity with medical melodramas most familiar trope, the caring reassuring medic” (Hallam 2002, p.194). She therefore claims that nurses continue to play secondary roles, which illustrates the gender division in healthcare. Whilst Hallam’s (2002) consideration of television drama was conducted over fourteen years ago, it does indicate some changes in the representation of nurses in television hospital drama.

Gordon and Johnson (2004) also undertook a media exploration by viewing nine Hollywood films, finding that nurses in the films were subject to what they called the ‘vanishing nurse’. The authors indicate that nurses were represented in film as leaving the profession due to discontent, dismissal and to become doctors. The authors give two examples of the films they explored, *Living Out Loud* (1998), a film about a home care nurse who leaves the profession to become a doctor, and *Something’s Got to Give* (2003), a romantic comedy where the main character becomes unwell and needs nursing at home by a nurse, who is then sacked. A similar theme, they assert, was also evident in *ER* (1994-2009), where two nurse characters also leave to become doctors. Gordon and Johnson (2004) only considers a small sample of nine films with nurses as lead character however their work does indicate a new conceptualisation of the nurses representations in film.

A more contemporary empirical work by Stanley (2008) utilised a mixed method approach to consider the portrayal of nurses as key characters in films, predominately US and British feature films, from 1900 to 2007. The findings indicated that representations of nurses as self-sacrificial and heroic was most evident in earlier films, with heroine sex object and romantic/feminine themes occurring across all decades, and more recently nurses being represented as confident professionals, both

men and women. Stanley (2008) gives the examples of, *Passion Fish* (1992) and *Angels in America* (2003), both American films with nurses as key characters. In addition, Stanley (2008) also found in place of the “self sacrificial nurse”, a “dark nurse” with a growing number of nurses being shown as victims or vengeful killers (Stanley 2008, p.93). Overall, Stanley (2008) argues that the results suggest that nurses in films of the 1900’s were represented as “self sacrificial heroines, sex objects and romantics”, with more contemporary films representing nurses as “strong and self confident professionals” (Stanley 2008, p.93).

In terms of television hospital drama, as discussed earlier in this chapter, McHugh (2012) and Turow (2012) argue that, more current hospital dramas including *Nurse Jackie* (2009-2015), *Hawthorne* (2009-2011) and *Mercy* (2009-2010) mark a departure from doctors in central roles, with nurses as main characters. McHugh (2012) claims that all three programmes challenged nurses “invisibility and misrepresentation on television” (McHugh 2012, p.12). McHugh (2012) suggests therefore, that a change is evident in the ‘media syndrome’ which represents nurses as invisible. These changes, McHugh (2012) claims are due to a change in how television dramas are constructed from narrative to multiple stories, and ensemble casting, rather than a focus on one key character. This has meant that nurses are increasingly represented as team members, as seen in shows such as *ER* (1994-2009) (McHugh 2012).

Jacobs (2003, p.1) argues that contemporary hospital dramas such as *ER* (1994-2009), *Chicago Hope* (1994-2000) and *Cardiac Arrest* (1994-1996) signalled a change in hospital dramas, with “their combination of a fast-paced explicit depiction of illness and detailed attention to the working and personal lives of medical professionals”. Jacobs (2003, p.4) suggests three stages in the development of hospital dramas; the first, “paternal” (1950-1960), where in weekly episodes the doctors were central characters adopting an authoritative role. For example, *Dr Kildare* (1961-1966). The second stage, “conflict” (1960-1970), when the main characters were seen to be in conflict with the “old establishment” and more liberal in their attitudes in their discussion of social and medical issues. At this time ensemble casts became evident, as opposed to, a focus on single doctor characters



who are men. For example, Jacobs (2003) cites *M\*A\*S\*H* (1972-1983), where multiple characters were involved in the storylines. This style, Jacobs (2003) claims, continues in *Casualty* (1986- ) as an ensemble hospital drama which addresses social issues as well as medical. The third period, Jacobs (2003) asserts, is “apocalypse” which began in 1994 with *ER* (1994-2009). This concerned itself with personal and societal issues pertaining to nurses and doctors, but also signalled a change in the “speed and intensity” of television hospital dramas.

McHugh (2012) argues that the representation of nurses in hospital drama has changed, due to changes in the construction of hospital drama. However Holloway (1992), Berry (2004) and Hallam (2000) maintain, that how nurses are represented has changed over time, in line with changes in the nursing profession, nurse education, the equal opportunities agenda and in how we perceive health care. As Hallam (2000) writes, the representation of nurses on television often reflects what is happening in nursing at the time, with the media acknowledging shifts in nursing, namely the introduction of the NHS in 1948, and the introduction of the internal market in the 1980s. To illustrate this Hallam (2000) cites the British hospital drama *Casualty* (1986- ) which she claims has engaged with health service policies and funding issues. Media representations of nursing, Hallam (2000) argues, were also subject to a “discourse of equal opportunities” in the 1980s and 1990s, with employment laws enforced to prevent discrimination in the workplace. These changed “the constructions of who can nurse” and therefore nurses were represented in the media as both men and women. Similar to Hallam’s (2000) argument, the news media also reproduces a discourse about nursing which reflects contemporary nursing discourse. This includes for example, an ongoing debate concerning the appropriateness of degree level education (Meerabeau 2003; Gillet 2014), which has reoccurred alongside accusations of poor quality care in response to the Francis Report (MSNFT 2013; RCN 2012). As earlier suggested this discourse, which is often nostalgic, often draws upon the angel, devil polarization of nurses (Gillet 2014). With nurses it appears demonised as non compassionate, the opposite of the ministering angel. In addition this discourse feeds into a debate which concerns the appropriateness of degree level education for nurses, a major part of this discourse is

the assertion that nurses cannot be both educated and caring (Meerabeau 2003; Gillet 2014).

In terms of social media, Kalisch et al. (2007) were the first researchers to use content analysis to analyse the image of the nurse on the internet. In a descriptive comparative study, they compared 144 websites in 2001 with 152 in 2004. They sampled from the “the top ten search engines” at the time, inputting the word ‘nursing’ so they would depict the nursing profession instead of individual nurses. In particular, they were interested in images of the nursing on the internet and the extent to which they have changed. Similarly, to previous work, they developed a content analysis tool, the “internet nursing image tool”. This uses pre-defined categories to measure the image of nursing on the internet. These categories drew on earlier research, undertaken by Kalisch et al. on images of the nurse in television, novels, films and newspaper and magazine articles (Kalisch and Kalisch 1982a; 1982b; 1982c; 1986; and Kalisch and Kalisch 1987). Their results indicate that nurses were portrayed on the internet as educated and intelligent in 70% of the advertisements, and in 60%, as “respected accountable, committed, competent and trustworthy” (Kalisch et al 2007, p.182). Nurses “were also shown as having specialized knowledge and skills in the majority of the websites” (Kalisch et al 2007, p.182).

Kalisch et al. (2007) assert that between 2001 and 2004 there was, as the authors assert, a ‘downward trend’ in the nursing categories, “respect, autonomy, scientific, committed, accountable, trustworthy, creative, powerful, and authoritative” and “knowledgeable and skilled” declined whilst “well groomed, diverse, competent, cool, with it, warm and educated” increased (Kalisch et al. 2007, p.187). It is important to be cognisant that the categories they developed were open to subjective interpretation, for example, one of the characteristics considered if a nurse image was “attractive”. Their analysis was also based predominately on professional websites, with only 9% of 296 websites concerned with entertainment, and therefore it would be expected that professional sites would represent nurses as competent and professional.

Price and McGillis Hall (2014, p.1502) argue in a discussion on the history of “nurse imagery” that historical images of nurses continue to be disseminated in society, and whilst nursing may no longer be considered in terms of stereotypes, they are still evident in the media. The authors of this paper make this assertion by drawing mainly on the work of Kalisch and Kalisch (1987) and Bridges (1990) who both undertook their research over twenty years ago. The authors also rarely make a distinction between media types in the research cited.

Price and McGillis Hall (2014, p.1505) assert that the heroic image which dominated in the first and second world war continues in social media and hospital drama with nurses represented as heroic, undertaking work in the “front line”. A virtuous representation of nurses in the media as ‘angels’ also remains, she says, and has been kept partially alive, she suggests, by nurses themselves. As Price and McGillis Hall (2014, p.1505) argue, the stereotype of nurses as angels has become so pervasive that it has “become part of the very language nurses use to describe and define their nursing practice”. Macdonald (1995) and Holloway (1992) also argue that women and nurses need to recognise the part they play in keeping feminine myths alive. However this is problematic as there is a poverty of research which considers nurses’ perceptions of their media representation.

Most recently, Salvage (2015) has suggested that representations of nurses in the media have not changed, with stereotypical images “still popping up”. She argued that representations are either ‘angelic’, with nurses constructed as compassionate but not clever, or “demonised” in the news media, with nurses often blamed in health care scandals or sexually objectified. All this, she maintains, does nothing to attract people into the profession or improve the status of nursing (Salvage 2015).

The evidence presented throughout this chapter suggests that the representation of nurses in the popular media have changed. It has been argued that these changes in representations of nurses have occurred due to changes in the status of women in society, changes in the development of the hospital drama genre and changes in the nursing profession. Alongside this, is the suggestion that representations of nurses in the media are often contradictory, as Hallam (2000, p.6) asserts, representations of

nurses “interweave and overlap, sometimes conflicting with, and contradicting each other”, overall though, representations present nursing as a profession of women. Similarly Macdonald (1995, p.5) argues that representations of women are also contradictory with “illogical juxtapositions, lack of continuity, mismatches and apparently random selection of images” and this occurs within “an era that multiplies forms of representations”. The evidence, then, would appear to suggest that historic stereotypes co-exist alongside more contemporary representations of nurses. Despite changes and apparent contradictions, Macdonald (1995) argues that, the power balance within society and the unequal relationship between men and women continues. Barthes (2009) also alludes to this in his discussion of myth in reference to the ruling classes when arguing that, whilst myths change over time, the basic structure of power remains the same. As Barthes (2009 p.163) asserts, “a certain regime of ownership, a certain order, a certain ideology-remains at a deeper level”.

In terms of nurse representations Hallam (2002) argues that whilst representations have been subject to changes brought about by equal opportunities legislation of the 1980s and 1990s, which changed the constructions of who can nurse, the structural inequalities between medicine and nursing remain. As Hallam (2002) asserts, nurses are still represented as women and therefore subject to myths of femininity. This discourse of femininity, for Hallam (2002), positions nursing as inferior to medicine, just as it does with women and men. As Hallam (2000, p.25) writes, “the ‘reality’ constructed by the media suits a particular vision of the world, sustaining beliefs in particular ideas and institutions and the power relations they inscribe”.

## **Conclusion**

This chapter has presented a synthesis and critical exploration of existing academic literature concerning representations of nurses in the media. This indicates that there has been a plethora of academic interest, predominately from, nursing academics, on representations of nursing and nurses in the media since the 1980s. The majority of research, mainly concerning British and American hospital drama and film, has been conducted in the United States, employing a quantitative approach, with only six British studies identified.

A central aspect of the argument throughout is that the representation of nurses in the media has been inextricably linked to issues of gender, and that myths of femininity and subordinated masculinity underpin nurse stereotypes, which continue to reoccur and persist in the media and wider society. Whilst research indicates that representations have evolved over time, and more contemporary research suggests that nurses are represented in a more progressive light, which has occurred as a result of changes in nursing and the position of women in society. The academic literature still maintains that stereotypes of nurses are evident in various media, in particular television and film. In addition, the news media in reporting examples of poor quality nursing care often draws upon the angel, devil polarization of nurses (Gillet 2014), demonising nurses as non compassionate, counter to the dominant stereotype of the nurse as angel. Indeed, the literature suggests that common myths about nursing are frequently reinforced by, what Hallam (2000, p.6) quoting Butler and Scott (1992) calls, “reiteration”. Myths are thus reinforced and are still evident in contemporary popular media. I argue therefore that representations of nurses remain problematic as they still reinforce common gendered myths about nursing, with nursing stereotypes still evident and nurses’ real contribution to healthcare often overlooked.

Whilst this chapter has begun to identify some potential implications of nurse representations in the media for nursing, this requires further elaboration as one of the aims of this thesis is to explore from a nursing perspective the potential consequences of media representations for nurses as individuals, and nursing as a profession. The next chapter therefore explores concerns within the literature that nurse representations are not attracting people to the profession, potentially contributing to shortages, and ultimately affecting nursing care, and claims that representations throughout various media may affect the very self-concept and self-esteem of nurses, in turn affecting retention in the profession, and a nurse’s ability to deliver effective care.

## **Chapter Two: Implications of Media Representations for Nursing and Nurses: A Literature Review**

This chapter presents a synthesis and critical exploration of existing academic literature concerning the potential implications of media representations for nurses as individuals, and nursing as a profession. Firstly, I explore the academic debates, on the ways in which media representation of nurses has implication for nurse recruitment. Following this, I examine the literature on potential implications for nurses as individuals, and finally I explore research which has considered nurses' own interpretations of media representations.

In commencing this discussion on the implications of nurse representations for both the profession and nurses as individuals, I believe it is important to reassert the position I take in this thesis, that myths of femininity and subordinated masculinity as applied to nurses, do not occur solely within the media. The media only forms one part of everyday conversations about nursing in society. In view of this, I am not adopting a 'blame the media approach' by suggesting that the media do play some part in the reproduction of myths of femininity, as applied to nurses. What I do claim is that the media are not acting in isolation in affecting nurses and nursing, but forms part of a wider network of societal influences.

It is clear from the body of academic knowledge that some; Kalisch et al. (1980-2007) in particular, cite the media as playing an important and central role in informing people's beliefs concerning nurses and the nursing profession. Indeed, Kalisch and Kalisch (1986, p.179) argue that, "the mass media have an enormous impact on the formation of images, largely on the unconscious level". Contrary to this view, in this thesis I argue that the media is not working in isolation but as part of wider societal influences, otherwise, as Gallagher (1987) suggests, we imply "that the media is the creator of the popular image of the nurse, when in reality, the media functions as a powerful reinforcer of beliefs already held about nurses" (Gallagher 1987, p.674).

The media however, as part of larger societal conversation about nurses, is still considered an important medium of communication (Hallam 2000) and recurring and persistent representations of nurses may play some part in shaping and maintaining the public views of nursing and nurses. As Delacour (1991, p.413) argues, the “centrality of mass media in shaping and reinforcing dominant patriarchal values, attitudes, and ways of perceiving is undeniable”. This is similar to the claims made by Hallam (2000, p. 6) that, assumptions about nurses and nursing are constantly repeated through what Butler and Scott (1992) calls “reiteration”, which reinforces, she argues, their “iconic status”. Hallam (2000) illustrates this, stating:

The reiterated images of nursing that pepper our TV screens are the products of various technologies, institutional organisations and discourses, epistemologies and practices. They are not the reproductions of the real conditions of nursing work, or symbolic manifestations of those conditions, but material practices constructed across a range of sites that interweave and overlap, sometimes conflicting and contradicting each other. (Hallam 2000, p.6)

The consequences of this, Delacour (1991, p.413) argues, are that persistent stereotypes and inaccuracies about nursing may become “internalized and naturalized” constructing meanings of what it means to be a nurse.

How audiences receive and act on messages in the media can influence the audience’s opinions of nursing and the resultant implications for nursing. As previously stated, this thesis rejects media effects theory in asserting that audiences passively receive messages, but takes the position of Fiske (2011, p.1) in arguing that, viewers are “productive, discriminating and televisually literate”. Fiske (2011) though, has been criticised by Macdonald (1995) for his ‘simplicity and over optimism’ in reference to the long history of myths of femininity and their interpretation by the audience who, she suggests, actively critique at the same time as approving representations of women in the media. Macdonald (1995) cites, by way of example, the work of Frazer (1987) who asked seven adolescent girls their opinions of *Jackie* magazine’s agony aunt column. All the participants criticised the work, however when asked to create their own alternative version they produced an almost identical copy of the work they were so eager to critique. As Macdonald (1995) observes, when confronted with the choice of whether to go with their version

of ‘reality’ or the media version the participants in Frazer’s (1987) study, chose the media version which, she claims, was the “most publically legitimised and widely accepted one” (Macdonald 1995, p.5). This also reflects Hallam’s (2000) assertion that women have choice, but this occurs within constraints of what it means to be a woman. Women, thus, negotiate meanings about themselves within certain constraints despite being offered a multiplicity of representations, which often contradict and overlap each other.

## **Recruitment**

This section explores more fully an expressed concern by academics that representations of nurses throughout various media are not attracting people to the profession, potentially contributing to shortages and ultimately affecting patient care. This exploration is particularly significant in relation to changing demographics, increasing demands for nursing care, difficulties in recruiting and retaining nursing staff, and an ageing workforce, making nurse shortages in the future inevitable (Buchan et al. 2015; RCN 2012; World Health Organisation 2006).

As Darbyshire (2013) asserts:

If we are to attract creative, committed, intelligent and passionate people into nursing, then nursing needs to be seen as every bit as worthwhile and challenging a career as any other in the fields of healthcare or social service. The persistence of hackneyed old stereotypes does nothing to enhance the attractiveness of nursing as a career. (Darbyshire 2013, p.56)

In 1980 in their first study of nurses in film, Kalisch et al. (1980 p.556) argued that, the “denigration of nursing in motion pictures will influence more young people to avoid nursing as a career choice”. They reiterate this argument throughout their work. In Kalisch et al’s (2007, p.182) most recent paper the authors assert that “a public constantly presented with inaccurate and negative nurse images will view a career in nursing as undesirable”. Other more contemporary literature also argues that inaccurate representations of nurses greatly undermines the profession and contributes to nurse shortages (Darbyshire and Gordon 2005; Gordon 2005; Buresh and Gordon 2013; Darbyshire 2013; Summers and Summers 2015).



As previously discussed, Kalisch et al (1980-2007) have been criticised for arguing for the direct effects of the media and the passivity of viewers. Other literature in this area also assumes that how nurses are represented in the media is how nurses are understood by the public (Gordon 2005; Cabaniss 2011; Summers and Summers 2015). This seems an overly simplistic conception of the media for two reasons; firstly, as Price and McGillis Hall (2014) assert, the public understanding of nursing has been developed through personal and social experiences as well as through the popular media. Indeed, other research work indicates that the public also develop their opinions of nursing through family members who are nurses or through direct experience with nurses, by themselves or through significant others (Price 2009); secondly, the public do not passively absorb and internalise messages from the media, but are active participants in the construction of meaning (Holloway 1992; Fiske 2011).

Similar to Kalisch and Kalisch, but more contemporary, Gordon (2005) and Summers and Summers (2015), have produced works which argue that nursing stereotypes affect the public opinion of nursing, and in turn have detrimental effects on nursing as a profession and nurses as individuals. In Gordon's (2005) book, *"Nursing Against the Odds"*, the author considers previous research and her own observations to ask if the media represents nursing accurately and how this affects the public opinion of nursing? She concludes that stereotypes and representations of nurses as 'invisible and as inferior to doctors', have a significant impact on recruitment into the profession. Summers and Summers' (2015) book *"Saving Lives, Why the Media Portrayal of Nursing Puts Us All At Risk"*, draws on the work of the Centre for Nursing Advocacy, an American organisation, set up to improve public understanding of nursing and to advocate for more accurate portrayals of nurses as a reaction to what the authors call 'harmful depictions' of nurses in the popular media.

Similarly to Gordon (2005), Summers and Summers (2015, p.32) assert that the media ignores the contribution of nurses to healthcare, representing them instead as "low skilled handmaidens, sex objects or angels". This devaluation of nursing by the media, Summers and Summers (2015) contend, poses the greatest threat to nursing,

with media representations contributing to the public's beliefs about nursing, consequently affecting recruitment into the profession.

Whilst these works are based on the authors' observations, they do draw on some career choice literature, which suggests that the media plays a role in the public image of nurses and consequently recruitment. As in many other works in this area, whilst these authors come from a nursing perspective, these books have an American emphasis, making it difficult to make parallels with the British context. Nevertheless, the film and television programmes these works draw on are also readily available to the British public.

Whilst these academics do suggest that the public perception of nursing will affect recruitment, the extent to which public opinion is influenced by media representations of nurses, remains unclear. The media, Darbyshire (2013) argues, does not represent nursing as an attractive proposition, or a satisfying career and this, he argues will influence how nurses are viewed by the public. Furthermore, Cabaniss, (2011, p.112) who produced a discussion paper on the implications of media representations on nursing's image, argues that nursing is not seen by the public as "intellectually demanding or challenging" directly because of how nurses are represented in the media. The author though, offers no evidence for this assertion but assumes that 'inaccurate' representations of nurses will by default affect recruitment into the profession.

Two authors who link the representation of nurses to implications for recruitment are Price and McGillis Hall (2014, p.152), who undertook a contemporary literature review drawing on 24 articles, relating to "nurse imagery in relation to career choice and recruitment" from 1970-2012. The majority of the papers they reviewed were American, with one British paper considered, conducted by Bridges (1990), this was a literature review of nursing in the media, previously discussed in Chapter One. From their analysis of all the relevant literature, Price and McGillis Hall (2014) argue that there are three types of representations of nurses in the media and these have implications for recruitment into the profession. The three types and the stated implications for the profession are as follows:

**Historical:** Price and McGillis Hall (2014) assert that historical images, including stereotypes of nurses have changed over time, with some continuing to reoccur and persist in the media. The authors assert that the nurse as heroine arose during times of war and this representation continues with nurses working conditions compared, in the media, to working in a “battlefield” or “warzone”. This, they argue may “perpetuate the image of, virtuous hero as victim”, deterring some from a career in nursing (Price and McGillis Hall 2014, p.1505).

**Moral:** Price and McGillis Hall (2014) suggest, as reflected in Chapter One, that, in contrast to angelic representations, nurses are also sexually objectified in the media. These stereotypes, Price and McGillis Hall (2014, p.1506) assert, have recently had a “resurgence”. In making this assertion, she references three papers. Firstly, Kalisch et al. (1982a) this reference is dated and relates to television hospital drama between 1920 and 1980 and this found that over the thirty years of the study, nurses’ representations as professional, had declined. Secondly, Kalisch and Kalisch (1987) this work, also dated, combined results of quantitative analysis of film, television and novels, and identified the “naughty nurses” as a stereotype. And finally, a more recent analysis of nursing career advertisements between 1930-1950 undertaken by Lusk (2000), suggested that stereotypes of nurses were evident in all decades considered. None of these studies suggests a current resurgence of nurses as sex objects. Nevertheless Price and McGillis Hall (2014) assert from their own earlier empirical study, that potential nursing students are still aware of these stereotypes and, therefore, their choice to become a nurse may be met with sexist remarks and jokes which have the potential of discouraging people from the profession (Price and McGillis Hall 2014). This also reflects Stanley’s (2008, p.93) argument that, “there can be no doubt that representing nurses as sexually provocative or flirtatious, can only detract from the aspirations of nursing to achieve recognition as a profession”. And similarly, Holloway (1992, p.20) asserts, “sex stereotyping has been accused of preventing the public from viewing the nurse as an educated professional; instead it has created the vision of the nurse as, first and foremost, a woman”.

**Virtuous:** Price and McGillis Hall (2014) assert that, an enduring representation of nurses as angels, implies that nursing is based on innate virtues of caring and

compassion. Consequently, she argues, people often join nursing as a “vocational calling”, believing that they are entering a vocation based on self-sacrifice and the good of others. However, this representation of nurses as virtuous women, the authors suggests, only conveys one aspect of the profession and undermines the skill and knowledge required to be a nurse which ultimately will “detract strong academic candidates from the profession” (Price and McGillis Hall 2014, p.1505). As Price and McGillis Hall (2014, p.1507) assert, “the problem with a virtue script is not necessarily that it exists, but that it is often the only way we speak about the nursing profession, a discourse that de-emphasizes knowledge skill and expertise”.

Price and McGillis Hall (2014, p.1502) assert that “historical images of nurses and nursing remain prevalent in society”, these representations, particularly those that position nursing as inferior to medicine, they claim, are particularly damaging in terms of recruiting students who may consider a career in nursing. They summarise, from all the studies reviewed, that “students interested in nursing may be dissuaded from choosing it as a career based on negative, stereotypical images” (Price and McGillis Hall 2014, p.1502).

It is important to note that Price and McGillis Hall’s (2014) paper is Canadian, and the papers the authors reviewed were all predominately American, apart from one British paper, a literature review by Bridges (1990). This paper then may not be completely relevant to the British context in view of differences in healthcare and nursing provision. This review, however, does indicate that representations of nurses in the media may have implications for recruitment. Importantly for this thesis, Price and McGillis Hall’s (2014) review suggests that, whilst some literature has indicated that media representations may play a part in the public opinion of nursing, very few studies have explored nurses’ perceptions of the representation of nurses in the media.

### **The Virtue Script**

As discussed from their analysis of the relevant literature, Price and McGillis Hall (2014) assert that there are three types of representations of nurses in the media and these have implications for recruitment into the profession. The third type,

‘virtuous’, is a type of representation cited in the literature as potentially damaging to the status of the profession and nurse recruitment and as such is now explored in more detail.

As Chapter One indicates, nurses are often represented in the media as ‘kind’ and ‘virtuous’, this is particularly evident in stereotypes of nurses as angels and handmaidens, which imply that nurses are virtuous and self-sacrificing, entering the profession due to a vocational calling. Gordon and Nelson (2005, p.63) label this a “virtue script”. The virtue script, they assert, “bases the presentation of nursing on characteristics such as kindness, caring, compassion, honesty and trustworthiness, attributes associated with “good women”.

The representation of nursing as a kind and virtuous profession, as opposed to the representation of contemporary nursing, as a knowledge based profession, based on compassion, scientific knowledge and skill, gives an inaccurate picture of nursing which ignores the expertise required of nurses (Price and McGillis Hall 2014). As Gordon and Nelson (2005, p.63) assert, “this script sentimentalizes and trivialises the complex skills, including caring skills, nurses must acquire through education and experience; not simply individual inclination’. Price and McGillis Hall (2014, p.69) claim that this ‘virtue script’ could be a barrier to recruitment and cause unhappiness once in the role. Price and McGillis Hall (2014, p.69) also suggest that this underestimation of nurses’ expertise also denies nurses a voice with regards to the scientific management of patients with nurses often, “excluded from consultations with politicians and policymakers” when arguing for scarce resources.

As the literature suggests in Chapter One, the media, predominately film and television, represent nurses as women at the same time as highlighting a hierarchical structure between doctors and nurses. This representation of nursing as a job for women with connections to caring, Brodie et al. (2004, p.722) argue, suggests to the public that nursing is an “emotional phenomenon and less objective than the scientific, curative work of male dominated medicine”, it therefore affords lower status and remuneration. This, Brodie et al. (2004) argue, affects career decisions and has implications for recruitment into the profession. As Holmes (2012, p.381)

similarly argues, the way the public currently understand nursing is due to “inaccurate and negative representations”, therefore no one can “maximise the value of nursing’s contribution to healthcare”.

Whilst there is some evidence of the presence of a virtue script reproduced in the media, there is limited research, which explores if, and how this script may affect career choice. However, the next two studies indicate that the choice to enter nursing might be seen as a vocational calling to a virtuous profession (Eley et al. 2012; Price and McGillis Hall 2014).

In 2013 Price et al. undertook a qualitative narrative analysis of Canadian students to explore why they were considering nursing as a profession. Using an interpretative approach, the researchers utilised in depth interviews, journals and field notes to construct a story of the participants’ perceptions of their potential career choice. The researchers recruited twelve participants born between 1980 and 2000 who were commencing nurse education.

Price et al.’s. (2013) results indicated that participants’ motives for entering the profession arose from an outdated and stereotypical view of nursing as a profession of virtue. Their results focus on what they call ‘virtuous scripting’ which they state, underlies all the participants’ decision making (Price et al. 2013). The authors identified four themes in the participants’ narratives. Firstly, ‘making a difference’; participants believed that by entering nursing they would be helping to ‘make a difference’; they saw nursing as noble and honourable with care at its centre. Secondly, ‘characterizing self as a nurse’; participants identified that they were suited to nursing because of their interpersonal skills and virtuous qualities, indicating that they defined themselves in terms of traditional images of nurses. Whilst the participants did not express that nursing was a profession of women, they still situated their suitability for nursing within a narrative, which emphasised mothering qualities. Thirdly, ‘imaging nursing as the ideal career’; the participants unsurprisingly, as nursing was their career choice, described nursing in a positive light. Participants, Price et al. (2013, p.310) state, indicated that nursing was “noble, rewarding, secure and diverse” as well as both flexible and family friendly. Any

challenges were considered part of the sacrifice of helping others. The fourth and final theme identified is, 'constructing choice as a calling'; participants identified through narrative that nursing was considered both a "calling and a choice". This suggests that the participants saw nursing as a vocation or 'calling', with some participants believing that nursing was their "pre-determined path".

The authors conclude that the participants did explain their career choice in terms of nursing as a virtuous profession, indicating that participants had outdated and simplistic perceptions of nursing. As Price et al. (2013) assert this "virtue script" only presents one feature of the profession; one which ignores the knowledge and skills base of nursing.

The Canadian context of this study may not be relevant for British nurses, however it does confirm that the public on entering the profession may have a virtuous understanding of nursing, which may have affected their intention to join the profession. It is also possible that traditional representations of nurses as 'angels', which continue to be reproduced in the media, may also contribute to this "virtue script".

Eley et al. (2012), used a mixed method approach to consider if there were any associations between personality traits and career choice of registered nurses (N=12) and nursing students (N=11) in Queensland, Australia. The researchers purposively sampled participants from an initial survey on personality traits that was undertaken in 2009, and then undertook semi structured interviews, which were then interpreted alongside personality trait profiles. The authors found two dominant themes when analysing the data, firstly, 'opportunity for caring'; participants saw nursing as an opportunity to provide care and 'make a difference' which is similar to the finding of Price et al. (2013). Furthermore, care was identified as a central factor in the participants' decision to enter the profession. Secondly, 'nursing is my calling'; participants identified a vocational element to their decision making, with some stating that they were "drawn to" the profession due to its caring emphasis. Both these themes related to the participants personality profile in that all the participants were, the authors state, "high in traits that exude empathy and altruistic ideas" (Eley

et al. 2012, p.1546). The authors then conclude that, “a caring nature is a principal quality of the nursing personality” (Eley et al. 2012, p.1546).

Whilst this study is informative, as it indicates that the participants did have a virtuous and vocational notion about nursing, the use of a survey does not allow participants to elaborate on their career choice, therefore the researchers could be allocating participants’ answers into narrow defined traits. Despite this, it does indicate, as Price et al. (2013) did, that participants felt they were suited to nursing, with many seeing it as a vocational calling.

These studies suggest that individuals’ motives for entering the profession often arise from an outdated and stereotypical view of nursing as a profession of virtue. One possible explanation for why nurses hold a virtuous understanding of the profession is given by Price and McGillis Hall (2014, p.1505) who argue that virtuous representations of nurses are so prevalent that “they become part of the very language nurses use to describe and define their nursing practice: a language that neglects the critical thinking skills and knowledge base of nurses”. Furthermore, as Muff (1982,p.133) argues, myths of femininity are “intricately woven into the threads of our lives”, and become part of who we are. It is therefore possible that we continue to identify with myths of what it means to be a woman and, by default then, a nurse. Hallam (2000, p.5) also comes from this position in citing the work of Dorothy Smith (1988), a feminist sociologist who argues that, through “ texts and discourses” women are given a range of choices of how to live as a “gendered female”. These choices however, are taken within the cultural and historical constraints of what it means to be a woman.

The literature also claims that nurses approve of a virtue script and that this affects both the status and those who come into the profession, (Salvage 1983, Darbyshire and Gordon 2005; Gordon 2005; Price and McGillis Hall 2014). However, there is a poverty of empirical consideration, which has considered this. The picture, therefore, is unclear, and further research is required to ascertain if nurses talk within and approve of a virtue script reproduced in the media and to what extent this may have implications for the profession.



## **Career Choice**

To explore the assertion that media representations affect public opinion, and in turn, recruitment, this section considers the literature which concerns people's explanations for choosing, or rejecting nursing, as a profession.

Academic debate indicates that there are a number of factors which influence the public's opinion of nursing, and in turn recruitment. Amongst these, are the influence of significant others, and direct contact with nurses through themselves, or a relative, as a patient (Price 2009). Other key factors in choosing nursing as a career, are the belief that nursing is a vocation, nursing is rewarding and that nursing provides career security (Eley et al. 2012). This is also affected Eley et al. (2012) claim by the representation of nurses in the media. Price and McGillis Hall (2014) also suggest that, "in the absence of personal experience with nurses and/or health care, perceptions of nursing arise predominately from depictions in television, novels, films and the internet" (Price and McGillis Hall 2014, p.1503).

Hemsley-Brown and Foskett (1999) explored student perceptions of nursing at various stages of their education. The authors utilised a mixed qualitative and quantitative approach, conducting focus groups and administering questionnaires to 410 British school and college students to identify and explore students' career choices and perceptions of nursing as a career. They sampled young people aged 11, 15 and 17, within the West Midlands and South East of England. Their findings indicate that participants have a number of 'misconceptions' about nursing based on stereotypes, with some participants asserting that nursing is a women's job, that men who are nurses are 'gay', that nurses care and therefore do not require university education, that nurses help doctors, work in hospitals and that nursing does not offer career development opportunities. These 'misconceptions', the authors assert, were less likely amongst the younger groups of children, especially the girls. It is possible that this is due to the length of exposure the younger children have had to stereotypes and their own personal experiences of nursing.

Overall, Hemsley-Brown and Foskett's (1999, p. 1345) findings suggest that whilst some students regarded nurses highly, (52.2%), this was not matched with the desire

to be a nurse, with only 6% wishing to pursue the career. 27.3% of the sample were not 'interested' in nursing, however, the reasons for this are not identified in the paper. It is important to note though, as the authors do, that participants who had rejected nursing as a career are more likely to perceive the profession in a more negative manner, which may affect the results of this study. Despite the age of this research, it suggests that the public have 'misconceptions' of the profession based on dated stereotypes. Whilst this paper does not discuss the media representation of nurses it is frequently cited in the literature concerning career choice and nursing, and has thus informed others research in this area.

More recently, Brodie et al. (2004) conducted a British study on how perceptions of the public change once they become student nurses, and in turn, registered nurses. This study was undertaken in view of previous research, which the author writes:

... has identified a number of negative societal perceptions of nursing related to gendered stereotyping, subordination to doctors, low academic standards, limited career opportunities and poor pay and conditions, and importantly how these perceptions may affect recruitment into the profession. (Brodie et al. 2004, p.721)

The authors were particularly interested to know if first, second and third year student nurses and recently qualified nurses had 'negative societal perceptions' of nursing, and how these compared with the "realities" of nursing. The research utilised a mixed method approach, qualitative and quantitative, using questionnaires (n=650) interviews (n=30) and focus groups (n=7) with student nurses and recently registered nurses at two English Universities. Their findings suggest that participants' perception of nursing changed over time with those entering the profession holding inaccurate views of nursing as a profession of virtue. Consequently, the research participants were surprised at the academic content of nursing and the skill and knowledge that was required of nurses. Participants, over the course of their education and registration, began to realise the "value of the nursing profession as independent, versatile and diverse" (Brodie et al. 2004, p.727). The authors assert that, similarly to other studies, some participants, "held misconceptions and stereotypical images of the nursing profession as a subordinate

occupation, requiring only common sense and little intellectual capacity” (Brodie et al. 2004, p.730).

Another study, found that newly recruited nurses have a stereotypical understanding of nursing, was conducted by Jinks and Bradley (2004). Jinks and Bradley (2004) undertook a quantitative comparative study with two groups of British newly recruited student nurses, ten years apart, to examine changes in attitudes of participants towards nursing stereotypes. The first cohort of participants were recruited in 1992 and had been in the role for two days. The second cohort of 96 participants were selected in 2002 and had been students for two months. Both groups, the authors state, were from similar “educational and geographic settings” (Jinks and Bradley 2004, p.122). Participants from both groups were surveyed, using a researcher-developed questionnaire, utilising a Likert scale, used to measure students’ attitudes to gender and nursing stereotypes. Participants were presented with statements with which they were to agree or disagree. These related to gender stereotypes, female stereotypes, male nurse stereotypes, the effect of uniforms on stereotypes and gender discrimination.

Their findings indicate that the 1992 participants agreed with some of the nursing stereotypes, with 78% of the sample expressing that “old female nurses are bossy and stern” and 62% of the 2002 group, disagreeing. 52% of the 1992 group agreed with the statement “sexy young female nurses are seen as sex objects” with 38% of the 2002 disagreeing. When presented with the statement, ‘female nurses are seen as handmaids of doctors’, 59% of the 1992 sample were in agreement and 36% of the 2002 sample disagreed (Jinks and Bradley, 2004 p.123). Whilst the researchers found significant differences between the two groups, with the 2002 group generally older with more healthcare experience, in terms of their attitudes to gender and stereotypes, the majority of the 1992 group appeared to collude with nursing stereotypes believing some to be realistic. However, Jinks and Bradley (2004) assert that indecision concerning attitudes to stereotypes was the main feature in both groups. Nevertheless, these results indicate that the 2002 group were generally less ‘favourable’ to stereotypes and their credibility indicating that attitudes of nurses to nursing stereotypes may be changing.

Whilst all these studies do not explore the influence of the media on participants' opinions, it does suggest that the public, on entering nursing, have inaccurate perceptions of the nursing profession. All three studies are over ten years old and may not be relevant now; nevertheless, they are relevant to the British context. All these studies are also frequently cited as key papers in the academic literature on the public and student nurses' perceptions of nursing, and therefore are not wholly disregarded as they inform the majority of research in this area.

Seago (2006) conducted a study hypothesizing that poor public perceptions of nursing is responsible for nurse shortages. The researchers surveyed 3,523 Californian college students purposively sampled from eight community colleges and four state universities, in seven counties, who were undertaking science and maths courses (47.2% of these were nursing students). The participants were asked to rank nurses, physiotherapists, high school teachers and doctors according to job characteristics, which included good income potential, prestige, high status and a role suited to women. The rating scale allowed participants to answer "definitely applies, somewhat applies and does not apply" (Seago 2006, p.98). Whilst they found that the students were generally favourable to nursing, the participants ranked doctors and other professions such as physiotherapy higher in terms of independence at work, prestige and status. Nevertheless, nursing was seen as providing a good income and job security, although nursing was also considered to be an occupation for women.

Seago's (2006) findings also indicated that, students considered nursing a rewarding career, this, the authors attribute to lengthy American campaigns which portray positive images of nursing careers. However, they do concede that more work is required to alter the perception that nursing is a women's career. One limitation of this work is its failure to consider that the positive perceptions of nursing may have been from those intending to study nursing (as 47.2% of this sample intended to do). One would expect these students to be more positive about their chosen profession. This work, as in many others in this area, was limited by its American focus, which may not have relevance for the British context. This work is also quantitative and participants were not able to elaborate on their rankings, which may have limited what participants had to say about the nursing profession.

This paper similarly to Hemsley-Brown and Foskett (1999) and Brodie et al. (2004) does not explore the impact that media representations have on participants' perceptions of the nursing profession. Nonetheless, what this literature does tell us, is that the public appear to have 'misconceptions' and stereotypical views of the nursing profession which are similar to how nurses are represented in the media. This confirms the assertion that there is a general societal discourse about nursing that is not just confined to the media.

In a recent discussion paper, Ten Hoeve et al. (2014) considered the public image of nursing and nurses' self-concept and professional identity. They explored 18 relevant studies, finding that the public view of nursing is "diverse and incongruous and tends to be influenced by nursing stereotypes" (Ten Hoeve et al. 2014, p.298). The public, they claim, does not "always value the skills and competencies nurses have acquired through education and innovation". This, they argue, is "partly self-created by nurses due to their invisibility and their lack of public discourse" (Ten Hoeve et al. (2014, p.295). Such a position apportions some of the blame for the public opinion of nurses, onto nurses. This apportion of blame on nurses is a recurring theme throughout this literature and is particularly relevant for this thesis since it highlights the need for a study, which considers how nurses make sense of the media representation of nurses.

I now critically interrogate three studies which suggest that the media do play a part in the public's opinion of nursing and recruitment into the profession. Donelan et al. (2008) considered the public opinion of nursing, by analysing data from a 2007 national survey of the American public's views about nursing and nursing careers, to explore factors affecting nurse recruitment in the USA. The researchers conducted computer assisted telephone interviews in 2007, with 1604 randomly sampled participants (they do not state what type of random sampling). Their findings indicate that the public perception of nursing was predominately positive, with 70% of the sample rating nursing highly and 23% of respondents having considered a career in nursing. Of note, for this study is that some of the participants' beliefs about nursing were formed by the media, as well as personal experience.

Participants were asked if television, news stories and advertisements affected their respect for nurses, 75% of respondents stated that news concerning nurses in emergencies did increase their respect. With regard to television shows, *Scrubs* (2009-), *House* (2004-2012), *ER* (1994-2009) and *Grays Anatomy* (2005- ) 28% stated that these shows gave them more respect for nurses, 5% less respect and 60% claimed the shows made no difference to their respect for nurses (Donelan et al. 2008, p.145). Donelan et al. (2008) conclude from this study that the public perception of nursing is shaped by the media, however, these perceptions, they assert, are predominately positive.

There are a number of limitations to this study. Firstly, the authors conclude from their analysis, that the media is seen to be more 'helpful than harmful' however in terms of the statistics presented, this only appears to be the case in relation to the news media. The authors also pose this assertion in relation to the anecdotal work of Gordon (2005) and Summers and Summers (2009), who argue vehemently that the media in all its forms is harmful to the nursing profession. The authors base their findings on the statistic that 75% of the sample gained more respect for nurses from watching news stories, however, they also found that 66% of the sample state that hospital dramas had no effect at all on their respect for nurses. This would suggest different effects from different media. Summers and Summers (2015) also critique Donelan et al. (2008) stating that, the report was vague in its definition of 'respect' and subject to self-reporting bias as they assert participants may be reluctant to state their lack of respect for nurses. Again, it is important to be cognisant of the American focus of this work, however it may have some resonance for the British context since many hospital dramas aired in the USA are also aired in Britain. So, overall this research does suggest that the media may influence the public's opinions of nursing, in turn affecting recruitment into the profession.

One British study, undertaken in 2008 by Neilson and Lauder found that career choice is influenced by the media representation of nurses. Neilson and Lauder (2008) carried out a qualitative study using paradigmatic case interviews with 'high achieving' school pupils in Dundee, Scotland, to consider if they were interested in nursing as a career. They base the category of 'high achieving' on students who had

obtained three or more higher grades from level A-C and seven more standard grades at 1-3. Their motivation for doing this was the belief that many departments of nursing were having difficulty attracting school leavers, particularly high achievers.

The researchers interviewed twenty 5th and 6th year 'high achieving' school pupils, who were part of a larger study (n=162) of 5th and 6th years which examined pupils' knowledge and perceptions of nursing. The sub sample was chosen from this larger sample group because it was ascertained through questionnaires, that some participants had previously considered nursing as a career, but had disregarded it in favour of medicine or another health care profession.

Students were interviewed about their career path, their image of nursing, their thoughts on nursing as a degree and how they thought nursing could be marketed to school students. The results indicated that the students "had very strong and well-formed views on nursing", including stereotypical views of nurses, with women nurses seen as "sexual objects", and nurses who are men seen as gay (Neilson and Lauder 2008, p. 683). The participants identified that their main source of information about nursing was from representations of nurses in a small number of television programmes. Neilson and Lauder (2008, p.684) assert, "...these television programmes were powerful opinion formers, and in the opinion of the school pupils, did not portray nurses in a positive way".

Participants indicated that they did not consider nursing as academic or as rewarding as medicine, with nursing considered as caring and practical, not requiring a university education. The participants also asserted that if they were to pursue nursing as a career, it would not be the best use of their grades. Similarly to Donelan et al. (2008) and Hemsley-Brown and Foskett (1999), participants did express an admiration for nursing, but not a wish to pursue nursing as a career. This is a particularly important piece of work for this study, since it indicates that the media in representing nurses within a 'virtue script', as argued by Gordon and Nelson (2005), may have an effect on students' opinions of nursing and, in turn, recruitment into the profession. This study is particularly relevant from a British context as the research was undertaken in Scotland.

Price (2009) undertook a 'meta-study' analysing ten research studies which explored nursing students and registered nurses' reasons for choosing a career in nursing. All studies utilised a qualitative approach. The authors only considered papers which adopted a qualitative approach, as they believed these to be more illuminating of the participants' diverse experiences, than quantitative works that relied on surveys and rating scales to assess opinions.

This meta analysis found that all participants had "preconceived notions and expectations" of nursing which did not correspond to the 'reality' of nursing on entering the profession (Price 2009, p.15). The researchers identified three themes related to participants' perceptions of nursing as a career. The first theme, 'influence of ideal', indicated that participants identified that their reasons for entering nursing were due to the need to care for people and 'make a difference'. These perceptions, in the majority, were influenced by significant others, such as family members, who were nurses, by their experience as a patient and by media representations. Participants also believed that they were suitable for nursing, based on their caring attributes. The second, titled 'paradox of caring', participants found a disparity between their perceptions of nursing and their actual experience of such. In particular, participants found it difficult to reconcile their caring role with their professional one. The final theme, 'role of others'; the role of others was seen by participants as an important influence on socialisation into nursing and career decisions, with significant others, family and role models seen to influence the participants' beliefs about nursing.

The authors conclude that career choice and early socialisation into nursing are influenced by multiple factors including previous experiences with nurses and the media representation of nurses. This paper is significant to this thesis, as it indicates that media representations are one of these factors. It is important to note however, that this study is over seven years old and some of the findings may no longer be relevant. Whilst two British studies were considered by the authors, the remainder were American studies, so relevance to the British context must therefore be taken into account in terms of transferability of findings.



The previous sections have explored the assertion that media representations affect recruitment, finding that a number of antecedents, including public opinion and the media influence career choice. This research however is often contradictory and limited both in amount and by its primarily American context.

### **Recruitment and Men**

Most recently, there has been emerging literature, which relates to the representation of men who are nurses in the media and the implications of this for the profession. This section explores the assertion that media representations of men who are nurses alongside other discourse about men who are nurses, affects the recruitment of men into nursing (McKinley et al. 2010). As previously discussed, nursing has traditionally been considered a profession of women, arising in the 1900s when there was a clear delineation between the work of men and women. This also afforded a higher status to men's work (Walby 1990). It is suggested that certain jobs continue to be seen as appropriate dependent on an individual's biological characteristics, and as previously stated, nursing continues to be seen as a profession of women and reproduced as such in the media and throughout wider society. Women and men now work in areas traditionally not considered as appropriate to their gender, however traditional stereotypes of nurses as women continue to be reproduced (Hallam 2000). It has been suggested that these representations, alongside stereotypes of men who are nurses, may have an impact on the recruitment of men into the profession (Miers et al. 2007; Jones-Berry 2016). As Miers et al. (2007) argue, if the public think nursing is a profession of women, this creates barriers to men entering nursing.

Conversely, Hallam (2002) asserts that some representations of nurses who are men in the media, have actually attracted men into the profession. Hallam (2002) cites Charlie, a charge nurse in *Casualty* (BBC 1985-), whose character she claims is believed by the Royal College of Nursing (RCN) to have influenced the recruitment of men into the profession, with a resultant rise of 5% in recruits who are men. The source of this information from the RCN is unclear, making the assertion tentative. Weaver et al. (2013a) similarly assert that, the representation of nurses in the media

can play a positive role in promoting the profession, however, there is no research that substantiates these claims.

One study, frequently cited as evidence that media representations affect recruitment of men into the profession was conducted by Barkley Jr. and Kohler (1992). Barkley Jr. and Kohler (1992) conducted a quantitative survey of 126 high school students who are boys in Florida, USA, in light of nurse shortages and low recruitment of men into nursing. The researchers administered questionnaires, asking participants how they perceive the image of nursing, their beliefs about men choosing nursing, where they receive their information about nursing from and how many are considering nursing as a career. The participants ranked their answers along a Likert scale, from strongly agree to strongly disagree. The results indicated that participants rated nursing highly, with 69% believing nursing to be “stimulating and challenging work”, and 71% seeing nursing as having a good public image (Barkley Jr. and Kohler 1992, p.11). The participants also appeared to hold positive views of men in nursing, with only 27% believing that nursing is a job suited to women. Conversely, despite these positive views, 61% of the participants were not considering a career in nursing.

Their findings, Barkley Jr. and Kohler (1992) claim, indicate television is one of the most important factors in influencing participants’ opinions of nurses. Despite this assertion, the authors’ descriptive statistics do not corroborate this, as only 30% of the participants agreed that television had influenced them. The authors also do not indicate what types of television the participants are referring to. Similarly to Donelan et al. (2008) and Hemsley-Brown and Foskett (1999) this study suggests that, whilst the majority of participants had positive opinions of nurses who are men, most were not planning a career in nursing.

Whittock (2003) conducted a study appropriate to the British context utilising interviews with men who are nurses to establish their experiences and incentives for choosing nursing. Pre and post-registration students at Kingston University were sampled and Whittok (2003) claims that the sample chosen did represent the population of British students as closely as possible, though as they say, being

representative is not the intent of a qualitative study. The researcher's aim was to interview 30 pre-registration and 30 post registration men who are nurses, however as the interviews were still ongoing at publication; the findings concern interviews with 42 men who are nurses. As is appropriate for a qualitative approach, the interviews were semi structured and an hour in duration.

A number of consistent themes emerged from the data that are relevant to this thesis. Firstly, 'initial motivation'; participants did not state that significant others, who were nurses, influenced their decision to become a nurse. This is interesting, as previous similar studies with women have found this to be the case (Price 2009). Secondly, 'careers advice and motivation from other sources'; participants identified that careers advice was not helpful, particularly as some career literature represented nursing as a women's profession. Finally, 'caring'; as a form of altruism was seen as a reason for entering the profession. This may suggest that men like women (Price et al. 2013) were also joining the profession in the belief that nursing is a virtuous profession.

Burton and Misener (2007, p.258), designed a recruitment campaign for men in Oregon, USA, to address nursing shortages and to address 'inaccurate' public perceptions of men who are nurses. They examined relevant literature and media (they do not state which media) in order to consider male stereotypes, evident in the media. They concluded that stereotypes of nurses who are men, as "physician wanna-be", "failed medical school applicant", "gay effeminate, the misfit and the "womaniser", might have implications for the recruitment of men into the profession.

Burton and Misener (2007) also conducted focus groups with school students who are boys, to ask their opinion of a nursing marketing campaign. They found that all participants stereotyped men who are nurses, stating that all men who are nurses were 'gay'. The authors do not indicate how this research was implemented so it is difficult to conclude much from it; however, it does reflect more contemporary research with similar findings (Hemsley-Brown and Foskett 1999). This paper also has an American focus and, which, on the whole, is anecdotal. However, this paper is frequently cited in the literature on the implications on recruitment of the

representations of men who are nurses in the media, and therefore it has informed other literature and research in this area.

Meadus and Twomey (2007) conducted a survey in Newfoundland, Canada, asking men why they chose nursing as a profession and if there were any barriers to this choice. They surveyed 62 registered nurses who are men. Using a quantitative approach and descriptive design, they surveyed the participants with a piloted questionnaire, which considered, demographic data, reasons for career choice, and barriers experienced. They also included open-ended questions to allow participants further elaboration of answers. The participants were asked to rate answers on a scale of 0 (not important) to 3 (very important). The researchers found that 62% of men entered the profession due to “career opportunities, job security and salary”, with common barriers identified as “sexual stereotypes, lack of recruitment strategies, female orientated profession and lack of exposure to male role models in the media” (Meadus and Twomey 2007, p.13). With regards to the limitations of the study, they state that their result may have been affected by the length of time some participants had been in the profession (mean of 13.2 years), as this may have affected recall. They also assert that their convenience sample may not have been representative of all nurses who are men, which is of concern in a quantitative study. For the intention of my thesis, this is a US study and perhaps not relevant to British nurses who are men, however it does indicate that stereotypical images of men who are nurses in the media, may affect recruitment into the profession.

In summary, there is a dearth of research which considers the impact of media representations on the recruitment of men into the nursing profession. Nevertheless two academics who do assert that media representations affect recruitment of men, are Stanley (2012) and Weaver et al. (2013a), whose work was discussed in Chapter One. In making this assertion Weaver et al. (2013a), relies on the work of Barkley Jr. and Kohler (1992), an American and dated paper. Similarly, Stanley (2012) quotes Meadus and Twomey (2007) and Darbyshire and Gordon (2005) when asserting that media representations affect recruitment of men into the profession. The first, as discussed is a limited paper, and the second, an anecdotal account. From a review of all the relevant literature, I have found that this is typical of many

assertions made about the impact of media representation on the recruitment of men, in that, in the majority the literature relies on dated and anecdotal debate to make their observations.

Nevertheless, the papers reviewed do suggest that the media may be playing some part in the public views of nursing, and in turn, recruitment into the profession. As Weaver et al. (2013a, p.7) claim, it could be suggested that the media is “partly responsible” for the limited recruitment of men, this however, remains unclear based on current evidence, limited in amount and content. Taking account of this lack of evidence, Weaver et al. (2013a) and Stanley (2012) argue that there is a lack of research which focuses on the representations of men who are nurses in the media and any implications on recruitment. As such, one of the intentions of this thesis is to ask men who are nurses their perceptions of the implications of media representations of men who are nurses and the impact of this on recruitment of men into the profession. As Stanley (2012, p.2535) asserts, “more focussed research on the media’s impact on male nurse recruitment, or on how male nurses are perceived by their professional colleagues, or the public, may be required”.

This section has explored established academic debate which claims that the media may be playing some part in the public’s opinion of nursing, and then in consequence, recruitment into the profession. The evidence indicates that stereotypes which construct nursing as a women’s job, attracting low status and rewards, may affect the public image of nursing and, in turn, those who choose nursing. Whilst the evidence suggests that the public rate nursing favourably, this does not necessarily lead to an intention to join the profession (Donelan et al. 2008). What is also clear, is that the public, and some nursing students, have stereotypical views and ‘misconceptions’ about nursing. These ‘misconceptions’ often rely on a virtue script, which it is suggested, de-emphasise the expertise required of nursing. The public, it appears, remain unclear about what nurses actually do, relying on outdated stereotypes and ‘inaccurate’ representations reproduced in the media, and other discourse about nursing, which in turn, it is suggested, may impact on recruitment into the profession.

This evidence therefore indicates that there are few research studies that directly address the effect of media representations on recruitment. As Price and McGillis Hall (2014, p.1504) assert, “there is a gap in our understanding of how these recurrent images relate to the recruitment and retention of nurses today”. The literature reviewed is also predominately American, and therefore not completely relevant to the British context. In addition, studies in this area are reliant on a quantitative approach, which does not allow a full exploration of issues from the participants’ perspectives. Consequently, one of the aims of this research is to investigate how nurses make sense of representations and to examine to what extent nurses think representations affect both career choice and recruitment into the profession.

### **Implications for Nurses’ Sense of Self**

The previous section proposed that representations of nurses across various media may contribute to the public opinion of nursing, with the evidence suggesting that the public have ‘misconceptions’ and stereotypical views of the profession, which may affect recruitment into the profession. In addition, there are claims that recurring and persistent ‘negative’ representations of nurses, throughout various media, may affect nurses’ self-concept and self-esteem, in turn affecting retention and nurses’ ability to deliver effective care (Kalisch and Kalisch 1983a; Bridges 1990; Gordon 2005; Darbyshire and Gordon 2005; Salvage 2006; Kalisch et al. 2007; Summers and Summers 2015).

Despite the assertion that stereotypical representations of nurses in the media affect nurses’ self-concept and/or their self-esteem and the suggestion that this, in turn, could impact on how nurses work (Kalisch and Kalisch 1983a; Hallam 2000; Darbyshire and Gordon 2005; Salvage 2006; Kalisch et al. 2007; Bridges 1990; Summers and Summers 2015), there has been no research which explores how these representations make nurses feel or think about themselves (their subjective sense of self).

Whilst research in this field does not consider the effect of media representations directly on a nurses’ sense of self, some literature does consider how the public

opinion of nursing, drawn in part from media representations of nurses, may impact on how nurses think and feel about themselves. There is also some research that suggests that many factors, including the media representation of nurses affect nurses self-concept/esteem; nevertheless, in the research the emphasis is on how the public opinion of nursing affects self-concept/esteem not the antecedents to that public opinion. The following section explores the complex and often contradictory literature which suggests that the public derive stereotypical and inaccurate views from the media as well as other social arenas. It will also seek to understand the impact this may have on nurses' sense of self, and the potential effect on a nurse's ability to deliver effective care, job satisfaction and desire to remain in the profession.

In terms of the literature in this area, the authors use a variety of terminology when considering how reoccurring and persistent stereotypes in the media and throughout society affect nurses' sense of self, the vast majority use the terms self-concept or self-esteem. From a thorough review of the literature concerning these concepts, it was clear that this is a vast area of consideration across the health and social sciences, which is beyond the scope of this work. Nevertheless, I will cover the most pertinent studies which relate to the aims of this thesis.

Definitions of self-esteem and self-concept throughout the literature are fraught with contradiction and the terminology used is inconsistent, this makes comparisons between research difficult and conclusions tentative. Ten Hoeve et al. (2014) also found that definitions of self-image, self-concept, self-esteem and identity were used inconsistently when they reviewed 18 papers related to the public and self-image of nurses.

Contemporary academic debate concerning how nurses think about themselves, utilise the concept of identity (Ten Hoeve et al. 2014). Identity is defined by Jenkins (2008, P.18) as "our understanding of who we are and who other people are, and reciprocally, other people's understanding of themselves and of others". However, as previous literature in this field has considered both the implications of media representations on nurses' self concept (how you understand yourself) and self

esteem (how you feel about yourself)’ I utilise these terms when referring to specific studies which use these constructs. However throughout this thesis I also utilise the term, ‘subjective sense of self’ (how someone thinks or feels about themselves).

In utilising the concept of ‘subjective sense of self’ throughout this work, I argue that sense of self is a dynamic construct which is determined by a person’s historical and cultural context, not a fixed construct and ‘inside job’, as applied in the psychological definition of self concept and self esteem (Osborne 2014). This, I assert, reflects my epistemological stance. Indeed, by considering, in this study, participants sense of self as opposed to their self-esteem and self-concept, I am posing that an individuals sense of self is a social construction and thus historically and culturally specific and produced through language. Furthermore self-esteem and self-concept from this perspective are not considered innate or natural concepts as suggested from an essentialist perspective, but are socially “bestowed” rather than the “essence of a person” (Burr 2003). To clarify, social constructionism does not consider that human beings have an essential “essence or nature”, but that the “personal qualities we may display are a function of the particular cultural, historical and relational circumstances in which we are located” (Burr 2003, p.35). In addition, in taking a social constructionist perspective, I consider self-esteem and self-concept as both social constructs which arise from social interaction and language, not from changes in a person’s nature, as would be the essentialist argument. As Burr (2003, p.106) argues, who we are and how we think and feel is constructed from the “discourses culturally available to us”.

### **How Nurses Think About Themselves: Self-Concept**

The terms self-image and self-concept are used interchangeably in the literature, and there is also a ‘taken for granted’ expectation in much of the literature that the definition of ‘self image’ is clear. There is also a tendency in the literature, when discussing image, not to clarify if the focus is ‘self’, ‘media’, ‘nurse’, ‘professional’ or ‘public image’, which leaves the reader confused. This lack of a clear definition of ‘self image’, is common across the literature and means that some work lacks clarity. For the intentions of this review, I will use the term ‘self-concept’ when



appropriate, so as not to confuse the reader by using ‘self-image’ alongside the commonly used terminology, ‘nurse image’ and ‘media image’.

The literature which addresses self-concept is fraught with complexity and is very difficult to untangle, with inconsistencies in terminology and definition. Strasen (1992), coming from an American and nursing perspective, was one of the first academics to write at length about what she calls the image of the nursing profession in society. Strasen (1992, p.2) defines self-concept as “the set of beliefs and images we hold to be true about ourselves based on our specific socialization and environmental feedback”. More recently, Fletcher (2007, p.207) drew on literature on nurse image to define self-concept as “how nurses think about themselves”. Self-concept, Fletcher (2007, p.124) writes, is shaped “by thoughts, experiences, environment, reference group and gender” and therefore is also culturally and historically defined. Nurses’ self-concept, Takase et al. (2002) argue, is also derived from the perception of the profession by society, by comparisons with doctors and from socialisation into nursing.

The minimal research on nurses’ self-concept does appear to suggest that nurses with a low self-concept may leave the profession, or the quality of their work, may be affected (Takase et al. 2006; Cowin et al. 2008). Indeed, Cowin et al. (2008, p.1450) argue that self-concept is also seen as a predictor of resultant feelings and behaviours. Thus, low self-concept is considered to be a predictor of low quality work and lack of job satisfaction and intention to leave the profession. Certainly, from the perspective of the nursing profession a high turnover in nursing staff is seen as a continuing problem which compounds the inevitable shortages in nursing (Currie and Carr Hill 2012). And whilst job satisfaction, in particular, is believed to play a fundamental role in why nurses stay in nursing, this is complex. As Currie and Carr Hill (2012, p.1181) state, there are a range of factors that come into play, such as “work environment, work load, management style, level of remuneration etc.” and “early career socialisation”. Whilst the theoretical literature argues that representations affect nurses’ self-esteem/concept, there is no research, which corroborates this. Nevertheless, there is some research that suggests that how the

public see nursing is detrimental to nurses' self-concept and self-esteem, and in turn, the profession. These will now be discussed.

Takase et al. (2001) are frequently cited throughout this literature and both Ten Hoeve et al. (2014) and Fletcher (2007) review Takase et al. (2001), (2002), (2006) in their papers. Takase et al. (2001, 2002 and 2006) conducted three research studies with Australian registered nurses finding that there was a difference between what nurses think about nursing and the public's view of nursing. This could have implications for nurses' work behaviours (Takase et al. 2001, 2002, 2006). There is however, some confusion in the authors' use of terminology when discussing self-image and public image. Whilst the authors appear to discuss how nurses think about themselves (their self-concept), they also appear to be addressing what nurses' think about nursing and what nurses think about the public's view of them. Consequently, I found this work confusing and lacking clarity, making it difficult to come to any definitive conclusions about the disparity between the public and nurses' views of nursing.

In the first study of its kind, Takase et al. (2001) undertook a quantitative descriptive correlational study of 80 Australian postgraduate nurses, in the belief that the public opinion of nurses, based they assert on a stereotypical understanding of nursing, could affect nurses' self-concept, consequently affecting job performance and satisfaction. They surveyed the chosen participants using five questionnaires. These incorporated scales of nursing performance, nursing image and work satisfaction, to investigate nurses' reactions to their own and the public's image of nursing, and how these related to self-concept, job performance and satisfaction (Takase et al. 2001). They found that there was a difference in the views of nursing between nurses and the public, causing a 'nurse environment misfit', however this was not seen to affect job performance. Nurse participants, Takase et al. (2001, p.824) stated, rated the public image of nursing more "negatively than they see themselves", and the authors assert, this is due to circulating stereotypes of nursing in the media.

Takase et al. (2001, p.824) found that the "higher the discrepancy between nurse's self-image and the perceptions of public images of nursing, the lower the job

satisfaction”. However, there was weak evidence overall for this. Nurses, in fact, rated their performance at work very highly and their positive self-concept “appears to result from the professional socialization process, whereby nurses acquire specific skills, knowledge and values inherent in the profession” (Takase et al. 2001,p.824). As Takase et al. (2001) assert, nurses are professionals with a strong theoretical basis, despite this they argue that a stereotypical view of nurses could undermine nurses’ self-concept, potentially leading to low job satisfaction.

It is not clear how the researchers connected a nurse’s self-concept to circulating stereotypes of nurses, though it appears that they are basing their observations on the literature which suggests that the public image of nursing is directly based on stereotypical representations of the profession. In fact, this is an anecdotal leap taken throughout the literature which suggests that, how nurses are represented in the media, directly reflects the public opinion of nurses and nursing.

In a more recent study, Takase et al. (2006) considered, the impact of the public image of nursing on work behaviours and how the relationship between self-concept and the public’s view of the profession, affected job performance. The authors administered questionnaires to 943 Australian nurses of which 346 were returned, and conducted a focus group with six participants identified from the larger sample. The questionnaires incorporated scales, which measured the participants’ nursing image, job performance, and intention to stay in the profession. To clarify, authors asked participants how their own self-concept compared to what they thought the public thought of them and whether that affected their behaviour at work. Again, as in the earlier study, the researchers found job performance difficult to measure as they asked for no employer input. They found that, “overall nurses perceived themselves more positively than how they perceived the public viewed them” (Takase et al. 2006, p. 340). This is similar, as we will see, to the findings of Morris-Thompson et al. (2011). Researchers also carried out one focus group with six participants utilising open questions to explore further, some of the findings from the questionnaires. Focus group participants identified that the public had a “fuzzy” sense of what nurses do (Takase et al. 2006, p.340). This, they stated, was due to the invisibility of nurses in the media and the public’s reliance on outdated

representations of nurses in forming their opinions of nursing. Despite this, the focus group participants claimed to be unaffected, stating that they work as professionals and do not let these public perceptions affect them.

Similar, to Takase et al. (2001), Takase et al. (2006) found that the evidence was very weak of an effect of negative public perceptions on nurses' job satisfaction and performance, though there is a tentative suggestion that self-concept could be affected by a negative assessment of the public's opinion of nursing. Both these studies have an Australian context and may not be relevant to the British situation, also the overuse of multiple scales in these papers make the findings unmanageable and confusing. It is also difficult to make definitive conclusions without access to the questionnaires and scales used.

In view of increasing nurse shortages and the suggestion that self-esteem and self-concept are antecedents in the intention to leave the profession, Cowin et al. (2008) undertook a quantitative longitudinal descriptive study which considered the impact of nurses' self-concept on job satisfaction and retention. The researchers surveyed a random sample of 2,000 Australian registered nurses, administering by post three validated questionnaires to measure self-concept, job satisfaction and nurse retention. Their findings indicated that a low self-concept in nurses was strongly associated with intention to leave the profession, even more so than job satisfaction (Cowin et al. 2008). The quantitative approach taken in this research may have limited the participants' ability to elaborate due to the tick box approach. This paper, whilst indicating that low self-concept can lead to an intention to leave the profession, did not discuss any antecedents to the public's view of nursing, or the impact, if any, of media representations.

Fletcher (2007), undertook a literature review up until 2006 on how nurses see themselves and how the public see nursing. She selected 39 papers using the search terms "nurse, nursing, image and self-image" and then reviewed them using Strasen's (1992) self-image model. Strasen (1992) was one of the first nursing academics to write at length about what she calls the image of the nursing profession in society. Strasen's (1992, p.viii) model is based on the assertion that self-concept

is derived from a “person’s beliefs and thoughts”, which in turn affects a nurse’s self-concept, affecting how nurses then perform, and in turn, affecting the collective or public image of nursing. This model is cyclic, thus suggesting that the self-concept and public view of nursing are interrelated and dependent upon one another.

Figure 1. Strasen’s self-image model for the nursing profession



(Adapted from Strasen 1992, p.viii)

Fletcher (2007, p.207) considers this model, in light of relevant literature on nurses’ self-concept and the public image of nursing, concluding that the “public image appears to be intimately intertwined with nurse image”. The interaction between how nurses see themselves and how the public sees nursing is complex. Fletcher (2007) asserts both nurses and the public have stereotypical views of the profession, which in turn influence each other. She observes, “the public image appears to be intimately intertwined with nurse image, creating the boundaries that confine and construct the image of nursing” (Fletcher 2007, p.10).

From her review, Fletcher (2007) also argues that nurses’ self-concept is ‘negative’ and that, similarly to Strasen (1992), nurses are responsible for changing their self-concept in order to improve the public image or concept of nursing. The suggestion that nurses have some responsibility towards their public image (how the public sees them) is a reoccurring theme throughout the literature and is contrary to Kalisch and

Kalisch's (1980) assertion that the media is primarily responsible for the public image of nursing. Moreover Fletcher (2007) draws on the assertions of Buresh and Gordon (2013) and Salvage (1983), arguing that nurses are flattered by a virtue script which emphasises qualities of self-sacrifice and vocation, which has the effect of undermining the profession. Both these authors' assertions though, are not based on research and indeed as Fletcher (2007) argued, whilst there is much discussion of the representation of nurses in the media and the impact on the profession, what is not known is how nurses think and feel about their representation.

Fletcher (2007) argues that, changing how nurses think about themselves changes the self-image of each individual nurse and this may facilitate effective and lasting changes in the image of nursing. As Fletcher (2007) asserts,

...the self-image of the nurse, to a large degree, drives the social value of nursing. If enough nurses can change how they think about themselves to enhance their self images, the image and achievements of the entire profession can improve. (Fletcher 2007, p.207)

Fletcher (2007), as a Canadian academic, is of course reviewing the relevant literature in view of her own experiences and cultural position and this must be taken into consideration when drawing conclusions from her work.

As discussed in the previous section, Ten Hoeve et al. (2014) considered the public image of nursing and nurses' self-concept and professional identity. They explored 18 relevant studies, finding that the public's view of nursing is "diverse and incongruous and tends to be influenced by nursing stereotypes" and this, they state, is influenced by distorted images of nurses in the media" (Ten Hoeve et al. 2014, p. 298).

Nurses' self-concept, Ten Hoeve et al. (2014, p.295) suggest, is derived from nurses' "public image, work environment, work values, education and traditional social and cultural values". These factors, the author asserts, are often determined by 'misconception' and stereotype, including the belief that nurses are subordinate to doctors. This, the authors suggest, could affect how nurses think about themselves. However, despite this assertion Ten Hoeve et al. (2014), drawing on relevant

literature, suggests in contrast to Fletcher (2007), that nurses' self-concept is high, however they do confirm Takase et al's. (2006) work in arguing that the public view of nursing does not match nurses' self-concept. Explaining this, Ten Hoeve et al. (2014) write, "although nurses see themselves as well trained professionals, the public still sees nursing as a low status profession that is subordinate to the work of physicians, does not require academic qualifications and lacks professional autonomy" (Ten Hoeve et al. 2014, p.304).

Similarly to Fletcher (2007), Ten Hoeve et al. (2014, p.295) also apportion some of the blame for the public's opinion of nurses onto nurses for their "invisibility and lack of public discourse". However, as we have seen in Chapter One, this is rather more complex as the research also indicates that nurses are 'invisible' in the entertainment media, with nurses represented as background props or with doctors undertaking their roles in television hospital drama.

Ten Hoeve et al. (2014), similarly to Strasen (1992) and Fletcher (2007), also suggest that the public view of nursing is determined by nurses' self-concept and as previously suggested, the public and nurses' view of nursing is also affected by circulating persistent stereotypes in all arenas, including the media. Ten Hoeve et al. (2014) are Dutch nursing academics and as such the context of this study must be acknowledged. This work also does not consider any British research, with the majority from Australia, Europe, North and South America. An extensive search of the literature found only one similar British literature review by Morris-Thompson et al. (2011), which considered the public image of nursing and nurses' self-concept. This study was conducted previously to Ten Hoeve et al. (2014) however it is not clear why this study was excluded. Morris-Thompson et al's. (2011) study is now considered.

Morris-Thompson et al. (2011, p.685) undertook the only qualitative and only British study to "explore the image that nurses have of nursing and the image of nursing held by the public to determine the difference between the two and the potential impact of this difference on nurses recruitment". I have included this quote as a matter of clarity as there are differences in the focus of this paper compared to those earlier

reviewed in this section. Indeed, Morris-Thompson et al. (2011) focus on what nurses actually think about nursing as opposed to what they think about themselves in comparison to the public's views of nursing. Nevertheless, in doing this the participants also talk about their self-concept, i.e. how they think about themselves.

Morris-Thompson et al. (2011) assert, firstly, that the media by representing nurses as both 'invisible' and subject to stereotyping play an important role in the public's opinion of nursing. Secondly, they claim that nurses' self-concept and job satisfaction are affected by the public's view of nursing; thirdly they claim that the public view of nursing affects recruitment, and finally, that there is a dearth of research which considers nurses' views of nursing in comparison to the public's.

In consideration of this, Morris-Thompson et al. (2011) conducted focus groups with a variety of different nurses from NHS London and South East England, as well as one to one interviews with members of the public. It is not clear why the researchers did not conduct one to one interviews with nurses. The research involved two stages; stage one, asking nurses how they perceive nursing and stage two asking a 'representative' sample of the public to see how they perceive nursing. In stage one they conducted 22 focus groups each with 15-40 nurses working in London and South East England. They undertook mini workshops with small groups within the focus groups to discuss popular images of nurses. They then reconvened to discuss the images in more detail. Each group then presented a verbal and written summary of their findings.

The authors grouped their findings into three themes. The first 'diversity', nurses felt that nurses operated in a variety of roles with a variety of patients. This diversity of roles, they felt, was hidden from the public. The second 'privilege', nurses felt that they were privileged to be nurses and to look after people through various stages of their lives. And finally, 'fulfilment', nurses saw themselves as integral and at the front line of the NHS. They also felt satisfied with their levels of responsibility and autonomy. Overall, the authors felt a "strong sense of fulfilment from nurses" with nurses providing a generally positive view of nursing (Morris-Thompson et al. 2011, p. 688).



The nurses also identified ten “image barriers” (what they thought the public’s image was of them), believing that the public have unrealistic and often negative views of nurses. These barriers included, lack of visibility, connections with women’s work, nursing as a vocation and nurses considered as “faceless and female” (Morris-Thompson et al. 2011, p.689.) Some participants also believed that some aspects of their public image were correct, for example, low pay and harsh working conditions. Whilst the majority of participants felt that the public held them in high regard, citing the image of *Florence Nightingale*, others also noted the images of *Hattie Jacques* and *Barbara Windsor* from the *Carry On Film series* (1958-1992), stating that they did not portray the reality of nursing. The participants believed that they “have a lack of visibility” in the media and are represented as doing “menial tasks”. This corresponds to the literature reviewed in Chapter One, which found that nurses in the media are represented as doctors’ helpers (Kalisch and Kalisch 1987).

Morris-Thompson et al. (2011) assert that nurse satisfaction and self-concept are influenced by the public’s view of nursing. This, Morris-Thompson et al. (2011) argue, is as a result of the aforementioned ‘virtue script’, with the public viewing nursing as a vocation and nurses stating that “the public considers that nursing requires lower educational standards and fewer qualifications and, therefore, receive lower pay” (Morris-Thompson et al. 2011, p.689).

In phase two, the researchers conducted interviews with members of the public, careers teachers, journalists, doctors, mature career switchers, parents and school children (Morris-Thompson et al. 2011, p.689). The researchers found that the public were less negative than nurses thought they would be, with “fairly universal praise” from all participants. The participants also saw nursing as caring, sacrificial and difficult, with little reward, further indicating that they would not wish to be a nurse or recommend it as a career choice (Hemsley-Brown and Foskett 1999). Indeed, the findings indicate that participants believed that “nurses needed empathy rather than expertise or education”, and that nursing work offered little status or reward (Morris-Thompson et al. 2011, p. 690).

Morris-Thompson et al. (2011) assert, based on the results, that the public is ignorant to the reality of nursing, believing nursing with its connections to caring, to be low in status needing little or no qualifications or ambition. Similar to Takase et al. (2006), Morris-Thompson et al. (2011, p.690) assert that these misconceptions are based on “myth and the media”. They write, “there was ignorance across all groups interviewed about what a nurse actually does, with most perceptions coming from what people see on television” (Morris-Thompson et al. 2011, p.690). What might have informed this assertion, though, was not clarified beyond this quote in the research findings. Morris-Thompson et al. (2011) also suggest that the assertion that the public’s perceptions comes in part from the media is also supported by further research, however, all the sources cited are from theoretical literature. These findings are similar to Ten Hoeve et al. (2014), who reviewed relevant literature and suggested that nurses’ self-concept was high and the public’s opinion of nursing was low. The findings are also contrary to Fletcher’s (2007) suggestion that nurses’ self-concept is low.

As Morris-Thompson et al. (2011) assert, this is the only British study undertaken, which explores the image that nurses and the public have of nursing, and the implications this has for the profession. Consequently, they assert that further research is required in order to establish a clearer picture. This study is also important for my research because a nursing perspective, previously neglected in research, was considered here.

In summary, there is very little research that substantiates claims that stereotypical images of nursing can affect nurses’ self-concept and, in turn, job satisfaction and performance. Nevertheless, the research literature does suggest that the public view of nursing may affect nurses’ subjective sense of self. This work, though, is underdeveloped and further research is required specifically from a British perspective, which is neglected in the literature.

The previous section has presented some seminal papers on the potential affects of media representations on nurses’ self-concept. Throughout the literature, there is also an assertion that media representations of nurses also affects nurses’ self-esteem

(Kalisch and Kalisch 1983a; Bridges 1990; Hallam 2000; Darbyshire and Gordon 2005; Salvage 2006; Kalisch et al. 2007; Summers and Summers 2015), however, there is no research which addresses this. I think it is important, in relation to this thesis, to consider self-esteem as a concept, as one of my research aims is to examine nurses' perceptions of the implications of media representation for their own sense of self, and self concept/esteem are the only academic frameworks discussed in this field that may be considered relevant.

### **How Nurses Feel About Themselves: Self-Esteem**

Self-esteem is an important concept, variously addressed across the health and social sciences. The literature in this field argues on both the influence of self-esteem on individuals, and the precise definition. Strasen (1992, p.2) asserts that self-esteem, "measures how much you like and approve of your self-image" (self-concept), which is what you think about yourself. Similar though to self-concept there is no definitive definition of self-esteem, with some arguing that self-concept and self-esteem mean the same thing (King et al. 2009). King et al. (2009) claim that self-esteem is the difference between how one would like to be and the actual self and others define it as the evaluation individuals make and maintain in reference to themselves (Strasen 1992).

The discipline of psychology, in particular, has acknowledged the concept of self-esteem and its role since the 1980's with a plethora of studies suggesting that self-esteem influences academic achievement, sports performance, drug misuse, teenage pregnancy, quality of friendship interactions and adoption of certain coping skills (Osborne 2014). Consistent with the popular psychology approach, the vast majority of research into self-esteem has been quantitative, arising from a positivist epistemology, which has utilised self-esteem and 'quality of life scales' to measure how a person feels about themselves. This research, though, could be criticised for ignoring the social and individual context from our understanding of self-esteem.

Rosenberg (1985), a sociologist who developed the most widely used self-esteem scale, asserted that self-esteem is the evaluation that individuals make of themselves, either positive or negative. Rosenberg (1985), through extensive research in self-

esteem, argued that people with positive self-esteem are confident, considering themselves worthwhile, expecting to grow and improve whilst those with negative self-esteem lack self-confidence and are self-critical. Rosenberg (1985) was particularly interested, contrary to the psychological approach, in how outside societal influences affected an individual's self-esteem.

There are very few British studies that address nurses and their self-esteem and limitations are apparent in the use of a plethora of scales leading to problems with generalisability and comparability to other studies. It is not the intention of this thesis to explore all the self-esteem literature, as it concerns nurses, as it is beyond the scope of this study. However, in light of claims that self-esteem is affected by the media representation of nurses and this had implications for nursing care (Kalisch and Kalisch 1983a; Bridges 1990; Hallam 2000; Darbyshire and Gordon 2005; Salvage 2006; Kalisch et al. 2007; Summers and Summers 2015), I present one paper, which indicates that nurses' self-esteem could potentially affect performance.

Randle (2003), has undertaken one of only a few British studies which consider nurses' self-esteem during pre-registration. Randle's (2003) research investigated changes in the self-esteem of pre-registration nurses, in an attempt to discover major influencing factors, and explore the students' own interpretation and constructions of pre-registration training. Randle (2003) adopted a mixed approach, using a self-concept scale and unstructured interviews with 95 student nurses in the first and final year of the programme. The purposive sample consisted of students from all four branches of nursing in one University in Southern Britain.

Randle's (2003) results indicated that students' self-esteem became fragmented during the process of becoming a nurse, in that, whilst their professional self-esteem increased, their personal self-esteem did not. So, whilst student nurses became confident in their new roles, their personal identity became hidden and their self-esteem decreased. Randle (2003) concludes that self-esteem allows nurses to interact with clients and colleagues in a positive manner. She claims, importantly, that nurses with low self-esteem can adversely affect the level and quality of client care, job satisfaction and job performance.

Empirical work on nurses and their self-esteem is limited by the amount and the methodological approach, the vast majority of the work is quantitative and the works reviewed are often contradictory in nature (Begley and White 2003). The majority of the research is undertaken in America and Asia with a poverty of work in Britain. However, it is likely that a changing healthcare and nursing environment with increasing and challenging demands has the potential to influence nurses' sense of themselves. As I have previously asserted, the nature of nursing is undergoing great upheaval with regards to changing technology, policy and educational guidelines (Royal College of Nursing 2012). Moreover, contemporary nursing practice is increasingly pressured in terms of an increased demand for nursing care, tighter budgets and the rising expectations of the public (RCN 2012). Certainly, the literature indicates quite clearly the importance of recognising this concept, in relation to both students and qualified nurses. There is considerable debate within the literature that representations in the media affect nurses' self-esteem (Kalisch and Kalisch 1983a; Hallam 2000; Salvage 2006; Kalisch et al. 2007; Darbyshire and Gordon 2005; Bridges 1990; Summers and Summers 2015). Yet, most surprisingly there has been no research undertaken with nurses which considers how public discourse, including the media, may affect nurses' self-esteem and, in turn, performance.

From this review of the literature, it is apparent that it is difficult to get a clear picture of nurses' sense of self and the implications this may have for the profession. Whilst the theoretical literature indicates that persistent and reoccurring stereotypes may affect nurse's self-concept and self-esteem, affecting job satisfaction, retention rates and a nurse's ability to deliver effective care, there is limited research to support this. Of this research, some studies have suggested that media representations do affect the public opinion of nursing which, in turn, could affect nurses' self-concept/esteem, potentiality affecting job satisfaction and work quality, though the evidence for this is weak. This research, though, does begin to address the neglected question of how stereotypes and public 'misconceptions' may affect nurses' subjective sense of self.

These studies, though, remain inconclusive and are limited by amount. There is an overemphasis on deductive approaches and the majority of the studies were undertaken in the USA, with differences in education and qualification levels. The use of purposive sampling, a plethora of scales and no definitive or generic definition of self-concept/esteem also makes comparing results challenging.

Many studies also lack clarity, often conflating nurses' self-concept with how nurses see nursing, which leaves the reader confused. What is clear, after an extensive search of the literature, is that whilst there is some literature on the effects of the public opinion on nurse's sense of self, there is no research which explores with nurses the extent to which media representations have consequences for their own sense of self. Whilst some studies suggest that media representations may be affecting public image and, in turn, nurses' self-image, the connection is not established. The impact of media representation on nurses' self-concept/esteem, therefore, remains unknown and whilst Takase et al. (2006) assert the public still have a stereotypical view of nursing, how this might impact on nurses sense of self requires further exploration.

As stated, the theoretical literature claims that the representations of nurses in the media does affect nurses' self-concept and self-esteem (Kalisch and Kalisch 1983a; Bridges 1990; Hallam 2000; Darbyshire and Gordon 2005; Salvage 2006; Kalisch et al. 2007; Summers and Summers 2015). However, this has not been addressed in existing empirical studies. As Anderson (1995) argues, a strong relationship exists between how a nurse feels about themselves and the quality of care they deliver. If we consider all this, the need for research that asks nurses their perceptions of the implication of media representations for their sense of self, is acknowledged.

### **Nurses' Perceptions of Media Representations**

From the literature reviewed, what is most evident is that, whilst the opinions of those representing the nursing profession and nursing academics have been explored, what is lacking is a British nurses' perspective on the representation of nurses in the media. As I have suggested, the majority of studies in this area are quantitative and therefore it is unsurprising that the voice of individual nurses go unheard. The

importance of considering the perspective of nurses is paramount and indeed one of the most important tenets of qualitative research is to explore individuals' perceptions of the subject under study. An extensive literature review failed to discover any British literature related to nurses' perception of nurses representations in the media, nevertheless, two American research studies and one Australian study were found that considered student nurses' perspectives of representations of nurses in television and film.

Cullen (2012), a nursing academic from the USA, completed a PhD on 'meaning perspectives and the effects of television portrayal of nurses'. The definition for 'meaning perspectives', the author writes, is taken from Mezirow (1991), as "a collection of ideas, values, experiences and beliefs, which each individual constructs over time" (Cullen 2012, p.92). Cullen (2012, p.94) adopted a qualitative phenomenological approach to ask, "what perceptions or knowledge of nursing students derive from watching nurses on entertainment television". Phenomenology is a qualitative and inductive approach, which attempts to describe participants' lived experience of a phenomenon, in this case, television portrayals of nurses (Crotty 2009). The motivation for completing this study was the author's belief that the media plays a part in how nurses see nursing and therefore an understanding of this may assist educators in understanding students' perspectives of what it means to be a nurse. Cullen (2012) conducted eleven, one hour, semi structured telephone interviews and one hour long focus group, with seven of the previous eleven participants which included three men. Participants were selected from volunteers in the first and final year of two undergraduate nursing programmes at a California State University. Participants in the telephone interviews were asked what they thought of representations, if they affected public opinion and if representations had influenced them in any way. Themes derived from these interviews guided further questions addressed in the focus group in order to provide further elaboration on issues highlighted.

Cullen (2012) analysed the data looking for salient themes, finding that participants perceived representations of nurses in entertainment television as primarily 'negative'. In particular, participants stated that nurses were represented on

television as “sex objects/gender stereotypes, mindless drones, physicians doing nurses work, and incidental/ invisible nurses” (Cullen 2012, p.iv). These findings reflect the findings of media analysis previously identified in Chapter One. Despite the participants identifying what they called ‘negative’ and ‘inaccurate’ representations of nurses in television, they did not incorporate these constructs into their perceptions of nurses who they saw as “good competent and skilled” (Cullen 2012, p.114). Indeed, participants articulated that they did not construct their ideas of nursing from television representations, but from “their own personal values, their nursing education, and their observations of nurses in the clinical setting” (Cullen 2012, p.iv). As Cullen (2012, p.iv) claims, “entertainment television images of nursing had little or no impact on the students’ ideas about nursing, instead the participants filtered entertainment television images of nursing through the values and ideas they already had about nurses”.

Whilst some participants stated that some of the representations did portray nurses as competent, the same nurses, they asserted, also had serious personal flaws. The participants identified that the public, doctors and health professionals have an ‘inaccurate’ view of nurses based on the representation of nurses in the media. This also reflects the findings of Takase (2006) and Morris-Thompson et al. (2011). The impact of these ‘negative’ images, the participants identified, would deter individuals from joining the profession and affect how nurses communicate with patients and other health professionals, affecting patient care and influencing the public image of the profession.

As this study concerns American nurses, the relevance to the British nurse has to be considered in light of cultural and institutional differences. Nevertheless, the findings do provide information, which indicates this group of students’ thoughts and feelings in relation to nursing stereotypes, and these perspectives it appears, are predominately negative. This indicates the need for further study on media representations, particularly from a British nursing perspective.

Cullen (2012) claims, in her thesis, that the only other similar work has been completed by Hereford (2005), in another PhD thesis, which explored what meaning



student nurses derive from the mass entertainment media. Hereford (2005) conducted a phenomenological study utilising interviews and focus groups with twenty four student nurses at three Universities in North West America. She interviewed seven student nurses who are men and seven women students and conducted two focus groups of five students each. Hereford's (2005, p.iii) stated purpose was to "determine their lived experiences as they related to the fictional images of nursing in television and the movies". Hereford (2005) found that nurses identified in film and television, stereotypes of nursing: the mean nurse, the sexy nurse, the handmaiden, the brawny male nurse, the dimwit/lazy nurse, and the homosexual nurse. The emotional response to these stereotypes, Hereford (2005,p.108) writes, were "anger, embarrassment, disappointment, anxiety, humour, pride and excitement". Similarly to Cullen (2012), Hereford (2005) also found that participants considered representations to be 'negative', 'inaccurate' and 'unprofessional', asserting that such representations would negatively impact on the public's opinion of the profession. Hereford (2005) concludes from his study, that representations were considered by the participants to deter people from joining the profession; despite this, Hereford (2005) found that the representation of nurses in film and television had been integral in some of the participants' decisions to enter nursing.

Most recently, Weaver et al. (2013b) conducted a mixed methods approach study to explore Australian student nurses' perceptions of the role of television in public opinion, recruitment and education. Their justification for the study was the belief that stereotypes of nursing in the media may affect recruitment into the profession and nursing's 'value and status'. Weaver et al. (2013b) surveyed 484 undergraduate student nurses in all three years at a University in New South Wales, Australia. They used surveys used by Czarny et al. (2008, p.1), who conducted an American study to see if television medical dramas affected students "beliefs attitudes and perceptions" regarding bioethics and medicine. The surveys, utilising various options, asked participants their viewing habits, their opinion of how the television represented nurses, ethics, professionalism and role models. The research also included a qualitative element by giving participants the opportunity to provide further written thoughts on medical television drama at the end of the questionnaire.

Weaver et al's. (2013b) results indicated that the majority of students watched medical television programmes and that the students felt that representation of nurses in television hospital drama was "incorrect" and "misleading", which participants indicated, would influence the public, consequently making individuals reluctant to enter the profession (Weaver et al. 2013b, p.2641). Despite this assertion Weaver et al. (2013b) also found, similar to Cullen (2012), that television programmes were influential in some students becoming nurses.

The authors assert that the qualitative element of this study gleaned the most interesting and conflicting information. In particular, they assert that whilst the quantitative element of the survey showed half the sample giving a positive assessment of medical television drama and the representation of nurses, the qualitative element highlighted the participants' perception that nurses on medical television dramas were presented in a 'negative' 'manner' and were often 'unrealistic'. In particular, the qualitative element highlighted that participants felt that nursing stereotypes were still evident in the media. This reflects the literature and research presented in Chapter One.

Participants stated that representations of doctors in medical television drama were 'positive' and representations of nurses were 'negative'. Nurses, they asserted, were often 'invisible' with doctors carrying out nurses' tasks. The participants felt this gave the wrong impression to the public about nursing. The student nurses in Weaver et al's. (2013b) study support the work of McHugh (2012) and Turow (2012), who argue that nurses are invisible in television drama with doctors often undertaking nursing tasks. Weaver et al's. (2013b) results also reflect the findings of both Cullen (2012) and Hereford (2005) and confirm previous research and academic debate which suggests that media representations are inaccurate, relying on outdated stereotypes and 'misrepresentations'.

The qualitative element of Weaver et al's. (2013b) work also highlighted that student nurses wanted, "more visible, accurate and realistic depictions of nursing on television". This, participants stated, would allow television programmes to play a positive role in nurse education and recruitment (Weaver et al. 2013b, p.2641).

Explaining this, Weaver et al. (2013b) state, “the qualitative data showed students were concerned that television can have a negative influence on the image of nursing, but they also recognize some educational and recruitment value in television programmes” (Weaver et al. 2013b).

This paper, of course, is not representative of all nursing students, as this is a specific sample of Australian students. However, the programmes viewed by this sample of nurses are available in the United Kingdom. The authors utilised surveys in this work which provide limited opportunity for participants to elaborate on answers, however, they did offer one question which allowed participants to expand their views. Indeed, Weaver et al. (2013b) contend that this qualitative element offered the most illuminating results.

The three papers reviewed do indicate that nurses’ view representations on television as primarily ‘negative’ and ‘unrealistic’, with the potential to affect public image and, in turn, the nursing profession. No studies could be found that recruited registered nurses or British nurses, or which concern other media such as ‘reality’ television or news. This suggests the need for further research, and as such, is one of the intentions of this thesis.

## **Summary of Chapter Two**

This chapter has explored the body of academic knowledge concerning the potential implications of media representations for nurses as individuals and nursing as a profession. I began by exploring the literature, which asserts that media representations have consequences for recruitment. Following this, I examined the academic debate, which argues that representations affect nurses’ sense of self and finally I explored the literature concerning nurses’ perspectives of media representations. This has identified key issues within academic debate and identified a new area for academic investigation, which concerns British nurses’ perceptions of nurse representations in the popular media.

Whilst the literature indicates that representations of nurses in the media may affect public image, and in turn recruitment, and that representations could affect nurses’

sense of self, the precise mechanisms of this and the resultant impact on the profession remain unclear. Some research has indicated that nurses' self-concept was high, and others, indicated it was low, as opposed to the public opinion which was considered inaccurate, affected by stereotype, myth and outdated perceptions of nurses. However, a full empirical discussion on the extent to which prevailing representations impact on nurses' subjective sense of self goes largely undetected.

After an extensive review of the literature, it is evident that, whilst research has been undertaken, there are very few empirical studies that have asked nurses what they think or feel about media representations, or indeed how these representations make them feel about themselves. In terms of student nurses, the examination of their perception of media representations is more evident, however, as Weaver et al. (2013a) and Jinks and Bradley (2004) assert, there is still a need to further explore students' opinions of representations.

Certainly, there is a poverty of literature, which examines how nurses make sense of representation of nurses in the popular media. With dissatisfaction evident from the nursing profession concerning persistent nursing stereotypes in the popular media and a plethora of 'bad news' stories about nursing care, and an identified possibility that nurses could be approving and reinforcing their own stereotypes, it is clear that an opinion from nurses on the representation of nurses in the media is absolutely essential. In addition, the academic literature has begun to place some responsibility on nurses to actively participate in the destruction and construction of their image (Darbyshire and Gordon 2005; Darbyshire 2013). Indeed, there is much discussion and emphasis emerging on the need for nurses to address inaccurate images.

## **Conclusion**

The previous two chapters have presented an exploration and evaluation of existing literature from a variety of disciplines which relate to the representation of nurses in the media and consequences for the profession. This has located my study in a conceptual terrain, identified new areas for academic consideration and justified the need for this study.

Chapter One explored existing literature concerning representations of nurses in the media and this chapter has explored the potential consequences of media representations for the profession in terms of nurses' recruitment and nurses' sense of self and also considered nurses' own perceptions of their representation in the media. From all the literature, it is suggested that myths of femininity, gendered stereotypes and inaccuracies about nursing are evident in various media, in particular television and film. In addition the news media in reporting examples of poor quality nursing care often draws upon the angel, devil polarization of nurses (Gillet 2014), demonising nurses as non compassionate, which is counter to the dominant stereotype of the nurse as angel. Whilst the literature indicates that this has potential consequences for nursing and nurses, a full exploration from a British nurses' perspective of prevailing representations and their consequences has not been conducted. In particular, the research reviewed is criticised for absencing a nurses' perspective from our understanding of nurses' representations in the media, and whilst the nurse academic and nursing professions perspectives are stated, individual nurse's perceptions are not. There is also an expressed need from academics working in this area, for more studies which explore nurses and their interactions with nurse portrayals (Weaver et al. 2013b). As Takase et al. (2006) assert, whilst the stereotypical image of nurses is of concern to the nursing profession, how this actually affects nurses/nursing is unclear.

Research in this area has been dominated by designs that favour quantitative methods, primarily content analysis, surveys and questionnaires, which have applied an objectivist approach to the study of nurse representations. This fails to locate media representations within the experiences of nurses. Coming from an inductive standpoint, and indeed a social constructionist epistemology, which assumes that reality is multiple and subjective and created through our interactions with others, I therefore argue that a qualitative examination of nurses' perceptions is essential.

To summarise, the literature reviewed suggests that there has been a growing interest in images of nursing and nurses in the media since the 1980s, with the majority of studies conducted in the USA, employing a quantitative research design. This literature indicates that representations of nurses in the media have consequences for

both the profession and nurses as individuals. In addition, there are claims that nurses approve of a virtue script, which circulates about nursing, and that some nurses hold a stereotypical understanding of the profession. Despite this, a fully informed discussion on nurses' perceptions of media representations and their perceptions of the actual impact on nurses and nursing goes largely undetected. In particular, there is limited research into how British nurses make sense of representations of nurses in the popular media and their perceptions of the potential consequences of such, for nursing as a profession and for nurses' own subjective sense of self.

In light of a plethora of press coverage about the poor quality of nursing care, media and public discourses which concern the contemporary nature and scope of nursing practice and education, along with the continued popularity of hospital dramas and the increasing prevalence of 'fly on the wall' television programmes concerning the day-to-day running of hospital wards and NHS departments, it is I assert, essential to understand how the representations of nurses in the media are perceived by nurses themselves; how they feel media representations affect their own subjective sense of self and the status of the profession. Whilst a concern regarding the potentially damaging influence that media representations may have for nursing and nurses is identified in the literature, this has not been explored with British nurses. Furthermore, the assertion that nurses themselves are reinforcing virtuous images of the profession and holding a stereotypical understanding of the profession, presents a further justification for research which explores representations from a nurses' perspective.

In this context, and to recapitulate, the following aims and research questions were produced:

### **Research Aims**

To investigate how British nurses make sense of representations of nurses in the popular media.

To examine British nurses' perceptions of the implications of media representations for nursing as a profession and for their own sense of self.

### **Research Questions**

How do nurses understand representations of nurses in the popular media?

To what extent do nurses think media representations have implications for recruitment into the profession?

To what extent do nurses think media representations have implications for their own sense of self?

## Chapter Three: Research Design and Methods

### Introduction

This chapter provides a critically reflective analysis of the research design and implementation. It presents the philosophical standpoint, theoretical framework and methodology that underpin the methods used. In doing this, I offer a rationale for the research design implemented, and offer a critical reflection on the research conducted.

To provide clarity, I have utilised Crotty's (2009) 'four elements', which provide a framework to articulate the research design. Crotty (2009) asserts that there are four basic elements of any research process which inform each other; epistemology, theoretical perspective, methodology, and methods. The elements informing the research design in this study are identified in the table below, and a justification for their use is offered throughout the chapter.

**Table 1: Research Elements**

<b>Epistemology</b>	Social Constructionism
<b>Theoretical Perspective</b>	Hermeneutics
<b>Methodology</b>	Hermeneutic Inquiry
<b>Methods</b>	Focus Groups & Interviews

### Epistemology

The philosophical underpinnings of any study are its epistemology, which refers to the nature of knowing. This in turn is influenced by ontology, which refers to the nature of existence (Crotty 2009). There are different theories of how knowledge is created and understood, and these theories determine the research design and the approach taken in research studies.

This research adopts a social constructionist position reflecting my belief that the meanings we hold about the world are socially constructed, therefore the knowledge and perceptions that nurses have about media representations are socially



constructed, as opposed to stable and absolute (Crotty 2009). As Crotty (2009, p.42) asserts, “all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context”.

A social constructionist epistemology is a naturalistic/relativist position, which assumes that reality is multiple and subjective, created through our interactions with others (Burr 2003). This philosophy stands in opposition to an objectivist epistemology, which is bound up with the scientific method, which sees an objective reality, that is fixed and absolute, regardless of the meanings we attribute to it (Polit and Beck 2014). As the aim of this thesis was to explore nurses’ own interpretations of representations, an objectivist position, which implies a search for a single, objective ‘reality’, was rejected.

Berger and Luckmann (1971) and Burr (2003) argue that all meaningful reality is socially constructed through language, therefore when we talk about the world we enter the process of social construction. This meaningful reality is also culturally and historically dependent, therefore as Berger and Luckmann (1971, p.15) assert, “what is real to a Tibetan monk may not be ‘real’ to an American businessman”. From this position, then, different ‘realities’ exist, with meaning constructed through our own cultural and historical contexts. A social construction, then, is anything that is given meaning through social interaction. This could be, for example, a nurse, a tree or the sun. It does not mean that these things do not exist, just that they do not have meaning without human interaction.

As Burr (2003) argues:

A lot of things we take for granted as given, fixed and immutable, whether in ourselves or in the phenomena we experience, can, upon inspection, be found to be socially derived and socially maintained. They are created and perpetuated by human beings who share meanings through being members of the same society or culture. (Burr 2003, p.45)

In this study then, how nurses are perceived and represented, are social constructs and are historically and culturally dependent. Indeed, as I have already established in Chapters One and Two, the representation of nurses in the media and the public image of nursing have certainly changed over time. Furthermore, when nurses talk about the representation of nurses in the media, they are also constructing meaningful reality through language.

Burr (2003) asserts that social constructionism has four key assumptions and, here, I reflect on how these assumptions underpin the approach adopted in this study. I will now consider each in turn:

### **A critical stance is taken toward ‘taken for granted’ knowledge**

In assuming a critical stance in this thesis, , I was able to consider why women nurses are stereotyped in the media and how this relates to the social construction of gender. As Burr (2003, p.2) argues, social constructionism enables us to challenge “taken for granted knowledge”, allowing us to be critical of our assumptions about the world. Taking a critical stance in this thesis also allowed me to consider how nurses, including myself, interpret nurse representation in terms of their own experiences and assumptions about the world.

### **How we understand the world is historically and culturally specific**

I take the position that both nurse representations, and nurses’ interpretations of such, are historically and culturally specific. This allows a consideration of how representations have changed over time and an exploration of participants’ interpretation of nurse representations, which takes account of their own historical contexts and cultural position. There were two ways that I was able to consider the participants’ contexts; firstly, participants were encouraged to talk about their own experiences; why they joined the profession and their experiences of being a nurse. Secondly, demographic details of all participants were noted; their occupation, age and gender, which allowed the researcher to consider the demographic context in which participants talked about nurse representations in the media.

### **Knowledge is sustained by social processes**

I examine how nurses construct a meaningful reality about nurse representations and how this is influenced by social discourse, including the media, and the public opinion of nursing. As Burr (2003) claims our understanding of the world is constructed between people in our daily lives. I was also mindful of how the actual process of interviewing participants and the interaction between focus group participants led to the construction of meaning between participants and the facilitator, with participants developing, changing and clarifying their interpretation of media representations.

### **Knowledge and social action go together**

Burr (2003) asserts that, how we currently understand the world may also result in specific actions. For example, a societal assumption that nursing is a woman's job may make men more reluctant to join the profession. This assumption is based on a gendered construction, implicated in power relations in society, which ascribes what is appropriate for women, in terms of jobs and behaviour. As Burr (2003,p.5) writes, "our constructions of the world are therefore bound up with power relations because they have implications for what is permissible for different people to do, and for how they may treat others".

A social constructionist epistemological standpoint therefore, compels me to offer critical consideration of the social construction and historical development of nurse representations in the media from a nursing perspective. This enabled an in depth exploration of how different nurses interpret the representation of nurses in the media within their own specific contexts.

### **Theoretical Perspective**

The theoretical perspective of any research study is embedded within the epistemological standpoint, and thus informs the research aims and questions. The

theoretical perspective, therefore, provides a philosophical underpinning to the methodology chosen (Crotty 2009).

Positivism, a theoretical perspective, is embedded in an objectivist epistemology and is considered the “traditional scientific approach” to research (Polit et al. 2001). This paradigm is based on the assumption that there is a single discoverable, objective reality, which exists independently of human interaction. The researcher, from this perspective, is considered value neutral and is cautious not to influence any results (Polit et al. 2001). The researcher working within this paradigm searches for cause and effect relationships in the aspects of reality they are interested in exploring. For example, they may hypothesise that media representations affect nurse recruitment. The researcher would then test the hypothesis in order to prove, or disprove it. The methods used by the researcher would be objectivist, based on “value free, detached observation”, using, for example, a pre-validated scale or questionnaire (Crotty 2009, p.67).

Interpretivism provides an alternative to the positivist search for ‘reality’ and ‘truth’ (Crotty 2009). Interpretivism is an umbrella term for a whole range of theoretical perspectives and is particularly associated with the work of Max Weber (1864-1920), a German sociologist. Weber (1864-1920) suggested that interpretivist human sciences ought to be concerned with ‘Verstehen’ (understanding), as opposed to ‘Erklaren’ (explaining), which is associated with a positivist paradigm. This splitting of approaches, Crotty (2009) asserts, led to a clear delineation between the methods used for each approach; namely qualitative and quantitative research methods. However, these are often unhelpful distinctions as they traditionally have invoked a hierarchy, which pits one approach against the other (Cooper et al. 2012). Nevertheless, both terms continue to assume dominance in the academic literature, and both are considered key research approaches. In view of this and the aims of this thesis, to explore nurses’ understanding of media representations, a qualitative methodology is adopted in this study.

In assuming an interpretivist perspective, this thesis is premised on the assumption that reality is not fixed; indeed, I expected participants to hold multiple accounts of

the ‘truth’. In addition, as an interpretivist researcher I approached this work by looking “for culturally derived and historically situated interpretations of the social life-world” (Crotty 2009, p.67).

Hermeneutics, was identified as an ideal theoretical position to underpin this research (Crotty 2009), because it provides a flexible and interpretative approach, allowing an in-depth exploration of nurses’ interpretations of the representation of nurses in the media. Hermeneutics is the theory of interpretation, which was originally used to study the Bible (Higgs et al. 2012). The term originates from Hermes, the Greek God, who relayed and interpreted messages from God (Ortiz 2009). Hermeneutic theory emphasises that understanding and interpretation is shaped by historical and cultural contexts, as we interpret everything through, “concepts, language, symbols, and meaning of our time” (Bentz and Shapiro 1998, p.40). Parallel to a social constructionist epistemology, a hermeneutic perspective assumes that we experience the world through language and that this language provides us with meaning (Dowling 2004).

Heidegger (1889-1976), a German Philosopher and a student of Husserl (1859-1938) (the founder of Phenomenology), developed the study of hermeneutics in social science. He conceived it as a method of interpretation that considered the nature of existence; an ontological position. Gadamer (1900-2002), a student of Heidegger (1889-1976), developed the field of hermeneutics further in what Wilcke (2002, p.1) calls, “Gadamer’s three metaphors of understanding”; the fusion of horizons, the act of dialogue and the hermeneutic circle, each of which informed the methodological strategy employed in this research.

Hermeneutics is considered to be one of three schools of phenomenology (Dowling 2004). Consequently, there is much discussion and confusion in the academic literature concerning the distinction between hermeneutics, which is concerned with people’s interpretations of experience, and phenomenological theory, which involves describing the lived experience of humans (Lavery 2003). The terms hermeneutics and phenomenology are often used interchangeably by academics; however, they are both distinct philosophies with their own aims and objectives (Lavery 2003).

Phenomenology, an interpretative perspective concerned with describing participants' 'lived experiences'(Crotty 2009), could have been chosen for this thesis; however, as it was my intention to consider how nurses talk about, understand, interpret and interact with media representations, whilst also taking account of their social and historical context, hermeneutics was considered most appropriate.

One important distinction between hermeneutics and phenomenology is the issue of Bracketing. Bracketing, in Husserl's phenomenology, involves the researcher highlighting and simultaneously suspending her own perspectives of the subject under study, to get closer to the individual participant's 'truth' (Dowling 2004 and Beck 2010). As Dowling (2004, p.32) asserts, "bracketing is the suspension of all biases and beliefs regarding the phenomenon being researched prior to collecting data about it".

In contrast with 'bracketing' in phenomenology, one of the central tenets of hermeneutics is the belief that the interpreter's perspectives cannot be separated from the interpretation of the text and, is in fact, an integral part of it. Indeed, Heidegger (1889-1976) argued that the researcher's perspective cannot, and should not, be bracketed as they play an integral part in the interpretation of participants' experiences (Dowling 2004). Throughout the conception and execution of this research strategy, I was aware that my closeness to the subject area meant that my own interpretation could not be separated from the setting, from which, and in which, it occurred; this included the social and historical situation of the participants and myself (Crotty 2009). Therefore, in this study, my own social and historical context is seen as critical to the hermeneutic endeavour and as such is highlighted further in this chapter.

## **Methodology**

The methodological strategy adopted in this study is 'hermeneutic inquiry'. This qualitative methodological approach arises from the theoretical framework of hermeneutics and the epistemology of social constructionism. Hermeneutic inquiry is underpinned by the theory of hermeneutics and is an inductive and qualitative

approach to research, which is concerned with accessing and understanding people's "meanings and intentions", both in written and in verbal dialogue (Kinsella 2006).

Hermeneutic inquiry was considered the most appropriate methodological strategy for this study as the focus is on how nurses interpret representations of nurses in the media and the contexts within which such interpretations emerge. As this research is underpinned by a naturalistic/relativist position which assumes that reality is multiple and subjective, a qualitative approach which explores the quality, meanings and nature of the participants' narrative in relation to the representation of nurses in the media was required.

Qualitative research involves understanding human experiences, which are considered complex and dynamic; these experiences are not easily suited to the strict classification and measurement of quantitative approaches, which are underpinned by a positivist perspective (Cormack 2000). Indeed, the purpose of this research was not to find objective 'truths' that can be easily observed and measured, but to acknowledge that there are multiple realities which are "provisional and context dependent" (Freeman 2006, p 494).

As this study is the first to explore how British nurses make sense of media representations, it required an exploratory, open and flexible approach. Indeed, alternative qualitative methodologies could also have been adopted. Whilst phenomenological research would have been appropriate to examine nurses' perceptions of representations, it would not have enabled, contrary to hermeneutic inquiry, an appreciation of the condition in which this interpretation takes place or my own influence on the interpretation. Grounded theory, a form of ethnographic inquiry, which Crotty (2009) asserts develops theoretical ideas, could have also been chosen for this research; however, questions for this thesis arose out of the academic literature and the researcher's perspectives as a nurse and academic, not from the raw data, as required in grounded theory (Corbin and Strauss 2008).

As previously stated, whilst Gadamer (1900-1976) presented a theoretical perspective for research, he was relatively silent on the methodological prescriptions for hermeneutics. However, as Austgard (2012) states, hermeneutic inquiry needs to

be carefully constructed around the beliefs of Gadamer. Austgard (2012) considered six central concepts of Gadamer's hermeneutics; 'belonging to tradition', 'situation', 'text', 'true questions', 'the dialogue' and the 'fusion of horizons'. Consequently, I underpinned the methodological strategy utilised in this research with Gadamer's hermeneutics utilising Austgard's (2012) concepts. I now consider the relevance of each of Gadamer's concepts to the research design.

### **Belonging to tradition**

Gadamer et al. (2004) argue that interpretation comes from shared understandings, and this commonality make understanding possible. Gadamer et al. (2004) call this 'fore understanding'. The researcher's situation in interpretation is, therefore underpinned by their relationship to the tradition to which they belong. In this research, in common with the participants, the researcher is both British and a Registered Nurse and like most participants, a woman. This suggests common experiences between the researcher and the participants in which the interpretation of participants' narrative took place. My own 'fore understanding' is presented in more detail later in this chapter.

### **Situation**

The researcher is always located in a context which represents a finite standpoint. Gadamer et al. (2004) call this a 'historical horizon'. The researcher needs to be aware of this hermeneutic situation, by considering their own "fore understanding". As Kinsella (2006, p.5) asserts, "texts are considered through the historically and culturally situated lens of the researcher's perceptions and experience". For Kinsella (2006), language and history are both conditions and limitations of understanding. It is therefore important in hermeneutic inquiry, to acknowledge prejudices, but not bracket them, as advocated by the descriptive phenomenological tradition (Crotty 2009). I have highlighted my 'fore understanding' in this thesis and have acknowledged that the original premise for this study came from my own dissatisfaction with the representation of nurses in the media. This provides the 'historical horizon' through which the participants' narrative has been interpreted.



This researcher was also aware of how nurses' interpretations of representations related to the participant's own 'historical horizon'. Therefore, during the interpretative process I was also cognisant of the participants' 'foregrounding'. This allowed me to reflect on how a participant's context affected their own interpretation of media representations. This is particularly important from a hermeneutic perspective, as it illuminates a finite standpoint within which interpretation occurs.

## **Text**

One assumption of hermeneutics, Gadamer et al. (2004) assert, is that all written language is an "alienated speech" that needs to be converted back into meaning by the researcher (Austgard 2012, p.831). As Higgs et al. (2012, p.2) state, "meaning emerges through a dialogue or hermeneutic conversation between the text and the inquirer". In the case of interview and focus group transcripts, this required me to interpret participants' narrative, within my own finite standpoint, neither adding anything extra nor taking anything away from the existing text. As Austgard (2012, p.831) also asserts, the researcher must be "provoked" by the text because it answers the questions posed by the research. In this case, I reacted to the data, critically exploring the academic literature that concerned nurses' perceptions of nurse representations in the media. I was also motivated by the questions posed in this research, as they arose from my own experience and history as a nurse and academic, and from my critical engagement with the academic literature. As Laverly (2003) asserts:

Hermeneutics must start from the position that a person seeking to understand something has a bond to the subject matter that comes into language through the traditionary text and has, or acquires a connection with the tradition from which it speaks. (Laverly 2003, p.10)

## **True Questions**

Austgard (2012), drawing on the ideas of Gadamer et al. (2004), states that research questions arise from our participation in the world, or when something does not fit with our expectations, or we need to know more about something. Gadamer et al.

(2004) also asserts that these questions must also have a sense of direction and should be limited by the context from which they arise. Gadamer et al. (2004) call this, the 'horizon of the question'. Thus, in this study it became clear that there was a poverty of academic consideration of how nurses make sense of nurse representations in the media, therefore, more needed to be discovered. The questions for this study are also limited in their scope by the 'horizon of inquiry', which is "the range of vision that includes everything that can be seen from a particular vantage point". This includes my own fore understanding (Austgard 2012, p.832).

### **The Dialogue**

As Austgard (2012) maintains, knowledge is created through dialogue between the researcher's fore understanding and the texts; in this case participants' narrative, as the text, and through the dialogue between the researcher and the participants. This, Austgard (2012, p.831) observes, requires "an interpretational movement back and forth" from the whole text, to its parts, and back again. Explaining this process, Higgs et al. (2012, p.2) assert, quoting Packer (1985), that the researcher returns to the "object of inquiry again and again, each time with an increased understanding and a more complete interpretative account". This dialectic movement, back and forth between the researcher and the text is known as the "hermeneutic circle". The hermeneutic circle is addressed further in the data analysis section of this chapter.

### **The Fusion of Horizons**

The fusion of horizons refers to a shared understanding between humans based on language (Higgs et al. 2012). A fusion of horizons occurs, Higgs et al. (2012, p.2) state when, "different interpretations of the phenomenon are brought together through dialogue, to produce shared understanding in a professional practice, or in a research encounter". According to Gadamer et al. (2004), a fusion of horizon is reached when the researcher comprehends the meaning of the narrative, alongside their own understanding of the text. The researcher can then convey the meaning of the narrative and their own interpretation simultaneously (Austgard 2012).

Todres and Wheeler (2001, p.2) state that, researchers must therefore examine and challenge their own “presuppositions, fore structures, preconceptions and prejudices” so they can see the part these have played in the interpretation of dialogue and text. The recognition and highlighting of my own fore grounding and initial dissatisfaction with nurse representation in the media, then, provides a standpoint within which the interpretation of participants’ narrative took place. As Kinsella (2006, p.5) asserts, “texts are considered through the historically and culturally situated lens of the researcher’s perception and experience”. The fusion of horizons, Austgard (2012) asserts, should then lead to ‘application’, an essential part of the hermeneutic process. Application, Austgard (2012) asserts, involves highlighting patterns in the data and relating these back to the questions asked. Application in this study was achieved through the thematically ordered analysis of how nurses describe, think and feel about the representation of nurses in the media, and a theoretically informed discussion of how the data themselves relate to the research questions.

In summary, Gadamer’s (1900-2002) hermeneutics underpins the methodological strategy adopted for this study and is guided by the following assumptions. Firstly, language provides us with meaning; the interpretation of which comes from a shared commonality, and these conditions make understanding possible. This includes my own fore grounding or horizon of meaning. And, secondly, that understanding is reached with a ‘fusion of horizons’; when the interpreter reaches an understanding of the narrative alongside their own fore grounding.

## **Research Methods**

Research methods, Crotty (2009) asserts, are techniques used to collect and analyse data that relate to the research questions. The research methods employed in this study were determined by the research aim and questions. This work uses a combination of different methods to answer the questions posed in the most rigorous way; in depth interviews, focus group and field notes. I will now discuss each in turn.

## **Focus Groups**

Focus groups were considered appropriate for this research because they allowed a careful consideration of nurse representations from a nurse's perspective (Cormack 2000). Focus groups are a qualitative method of group interview, which elicit verbal and observational data from a chosen group (Redmond and Curtis 2009). Focus groups are considered useful when little is known about a subject, as is the case here, as they allow the researcher to gather data quickly, from several participants simultaneously (Barbour 2005).

Focus groups, were also appropriate for this study because they allowed me to uncover the dynamic processes through which nurses talk about and construct meanings about representations with other nurses. As Doody et al. (2013) assert, focus groups are concerned with the interaction between participants, whilst discussing a highlighted issue. A particular strength of focus groups is that they allow participants to explore, clarify, share and discuss their views amongst each other, which would not be possible in an interview setting (Doody et al. 2013). These group interactions are particularly important from a hermeneutic perspective, as meanings from this position are produced through language and interaction with others (Burr 2003). In addition, Doody et al. (2013b, p.170) state that, focus groups "tap into different forms of communication people use in daily interaction, including anecdotes, teasing, jokes and arguing"; this is not possible in one to one interviews alone. Indeed, focus groups were appropriate from a hermeneutic perspective, as they allowed me to observe how participants talked about representations and how this related to how they interacted with each other's dialogue. As the facilitator of the group, I observed the interactions of the group whilst participants discussed the representation of nurses in the media, and the consequences of such. This increased the depth of my inquiry beyond the conversation, to the interactions of the chosen group.

I constructed a Focus Group Guide for each group, to apply some direction and format to the process; this was guided by the research aim and questions. As I did not want to overly influence the participants, allowing them to fully express their

views, I applied minimal structure to the focus groups, using general prompts only. The two main areas of inquiry, which emanated from the research questions and underpinned the prompts, were, ‘how are nurses represented in the media?’, and, ‘what are the implications of this for nurses and nursing?’ The Focus Group Guide is provided in Appendix E.

Focus groups were scheduled for one hour; which allowed participants to fully explore the issue under discussion. Participants were asked to provide demographic data; including age, sex and occupation before the focus group commenced. This provided descriptive data, which enabled me, post interview, to consider each participant’s discussion within their own context.

Focus groups have been criticised for allowing the most articulate members of the groups to dominate discussions, making findings relevant to only the most vocal members of the groups (Cormack 2000). Group members may also feel intimidated by other participants. I did not find either of these an issue in the focus groups as all members contributed. Indeed, I found, as Freeman (2006) asserted, that focus groups encouraged participants to explore, clarify and modify their views and attitudes, clarifying both similarities and differences. The participants may have also felt relaxed and uninhibited in the focus groups as they all came from the same occupational group, and many were already known to each other. For example, in the student and nurse lecturer groups, participants were already comfortable talking together, given their existing relationships.

As well as using minimal general prompts, I also used reflective listening in the focus groups. The purpose of reflective listening, Doody et al. (2013b) state is to allow the facilitator to probe for greater meaning and increase their understanding of the participants’ responses. Fern (2001) presents four types of reflective response; clarifying, paraphrasing, reflecting feelings and summarising. I utilised these reflective responses to help ensure that my understanding of the participants’ dialogue was accurate. **Clarifying**, if I did not understand the participants’ meaning, I asked for further explanation. **Paraphrasing**, I repeated back to the participant what they had said to make sure I had understood their meaning. **Reflecting**

**feelings**, I asked participants if I had interpreted the feelings they were expressing. For example, in one focus group, a respondent raised their voice and looked annoyed when discussing a particular image of nursing in the media. I therefore asked her if it was anger she was feeling. And finally, **summarising**, I frequently summarised key points and feelings expressed in the discussion, to confirm if this is what had been said and felt by participants.

I used visual prompts in the focus group, asking participants to bring a still or moving image of a nurse, or nursing, that they had found in the media. These images were used to facilitate participant discussion and to focus the participants on the subject area. Such a technique is advocated by Blackbeard and Lindegger (2015), who state that participatory visual research methods increase the credibility of research studies by making the research participant centred and collaborative. I wanted participants to bring images of nurses in the media, so they were leading some of the content of the discussion, and to indicate their understanding of the content. I considered this preferable to providing prompts myself, which I believe may have influenced the participants' narrative. Indeed, the choice of image allowed me, again, to consider the nursing perspective, which was the intention of this work. Unfortunately, only a few participants brought images, stating that they had forgotten or did not have time. However, the images provided by participants facilitated further discussions in the focus groups and the interviews, enabling the researcher to take a 'back seat', allowing the participants' views to be the focus of the discussion. As the visual images were particularly useful in guiding the discussion from the participants' perspectives, it is disappointing that only a few participants brought them. Reflecting on this it may have been useful to have contacted the participants immediately prior to the focus groups/interviews to invite them to bring a visual image.

### **Qualitative Interviews**

In depth interviews were conducted in this study after the focus groups, to allow further exploration with individual participants. Unstructured face to face interviews also allowed an in depth consideration of individual nurses' perceptions of nurse

representations, which related to the representation of nurses in the media and their own subjective sense of self. This level of personal and individual discussion, concerning how media representations affected how participants' felt about themselves, may not have been possible in focus groups.

Individual interviews also allowed me to consider more thoroughly with participants, whether media representations affected how they thought or felt about themselves. This may have been too sensitive for the focus groups. As Stewart et al. (2007) state, focus groups are not always appropriate for the discussion of personal issues, therefore interviews allowed participants to provide more detail of how media representations may have affected their sense of self in a private setting. Interviews, then, facilitated a more individualised and in depth exploration of media representations from a nurse's perspective.

I constructed an Interview Guide for each interview. This guide included general prompts, related to the aims and research questions, which were used to facilitate discussion, but would not detract from the participant's dialogue. The prompts were underpinned by three main areas of inquiry related to the research questions. These were; how are nurses represented in the media? What are the implications of this for nursing? Do representations affect how you think and feel about yourself? The Interview Guide is provided in Appendix F.

As in the focus groups, I also used reflective listening, as advocated by Fern (2001), to facilitate my understanding of the participants' dialogue. I also asked participants to provide visual prompts. Only a few participants brought these, however when they were available, they facilitated the discussion and illuminated participants' accounts.

Interviews can be conducted in a number of ways, from structured to unstructured, dependent on the methodology and the type of data required (Cormack 2000). Structured interviews are deductive and mainly used in quantitative studies, and their purpose is to maintain objectivity when measuring opinions or perceptions. Each respondent is therefore asked the same question in a highly structured and predetermined manner, and any bias is minimised (Cormack 2000). Conversely,

unstructured interviews are a qualitative and inductive method, characterised by minimal prompts, allowing participants to highlight the key issues relevant to them, fully expressing their perceptions and opinions of the subject under study. This lack of structure in the interviews also meant that the researcher could pursue other “unforeseen avenues of enquiry opened up during the encounter with the interviewee” (Cormack 2000, p.294). This, Cormack (2000) argues, is a particular strength of qualitative interviews.

Unstructured interviews were considered most appropriate for this study because, firstly, as Doody et al. (2013b) advocate, less structure is useful when little is known about the subject, as is the case here. Secondly, this method allowed a greater exploration of the participants’ perspectives in a more natural way than imposing excess structure.

One limitation of unstructured interviews is that the participant’s narrative may not be relevant to the research aim (Cormack 2000). However, whilst some participants discussed issues out with the focus of this research, the majority of accounts related to the research aim and questions. This focus was possible due to the use of minimal prompts, reflective listening and the visual prompts that some participants brought to the interviews.

### **Field Notes**

Field notes were completed immediately after data collection to record any observational data which could not be captured by audio recording. These included unstructured observations of the participants such as their body language, the general mood of participants, and in terms of the focus group, the interaction within the group. These notes allowed me post interview and during data analysis to recollect accurately this observational data. For example, in Focus Group Four I noted from the transcripts that many participants verbalised that they were unconcerned by the media representation of nurses. On referring to the field notes regarding this focus group I found that I had recorded that many of the participants appeared uninterested in the groups’ discussion when considering the implication of media representations on nursing, often shrugging their shoulders and appearing nonchalant. To illustrate,



after Focus Group Four I wrote: *“The majority of the participants, predominately the men when discussing the potential implications the media have on nursing, raised their eyes and shrugged their shoulders articulating “it’s just entertainment?” (Field Notes 29.1.2015).*

In addition, when considering rigor and the influence of the research encounter on the participants’ responses, I was aware that focus groups can be criticised for allowing the most verbal member of a group to dominate (Cormack 2000). However, the field notes indicate that no one individual dominated the discussion in any of the focus groups. To illustrate after Focus Group One I wrote: *“participants appeared relaxed in each other’s company, no particular person dominated discussion and every member contributed” (Field Notes 7.1.2015) .*

I was also concerned that many participants may have felt intimidated by the academic environment, feeling they were under examination and this may have affected their responses. However, as corroborated by field notes, all participants in this research appeared relaxed and happy to be involved in the study. Field notes then in this study, have added an extra level of meaning to the interpretation of both the interview and focus groups data, and indeed make the research findings more credible.

### **Reflexive Journal**

A reflexive journal was kept throughout the research process to provide an account of decisions made and to assist in the ongoing process of reflection and interpretation (Koch 1994; Lavery 2003). The reflexive journal was completed throughout the research journey and contains my initial foregrounding and prejudice, my immediate reactions to the literature and the participants’ dialogue and reflections on how my fore understanding evolved during the research process. The completion of a reflexive journal was essential from a hermeneutic perspective, as my fore understanding and pre judgement related to the media representation of nurses was an integral part of the process of interpretation. As Lavery (2003, p.17) argues, “the researcher is called, on an ongoing basis, to give considerable thought to their own

experience, and to explicitly claim the ways in which their position, or experience, related to the issue being researched”.

To illustrate this at the beginnings of the research I wrote in the journal that: *“Kalisch and Kalisch appear to assert that media representation of nurses has changed, I need to read more widely to see if there is any evidence that this is the case”*. In response to this I searched for evidence of this in the literature. And in the reflexive journal after the data collection I wrote; *“I am shocked that the majority of participants claim to be “not bothered” by media representations as this is unexpected and does not reflect previous research or my own feelings at all”*

### **Data Collection Settings**

All data were collected at a Scottish University. Many of the participants were current or former students, and academic staff with knowledge of the campus. This was considered most appropriate, as participants were familiar with the environment. As the researcher is also a student at the University, the University setting was considered easily accessible, as it did not lead to any unnecessary delay in securing a place for the data collection. This venue, though, may have affected the data collection in a number of ways. Firstly, participants may have been more relaxed in this environment, feeling more comfortable in sharing information. In saying that, participants may have also felt intimidated by the academic environment, feeling they were under examination and this may have affected their responses. However, as corroborated by field notes, all participants in this research appeared relaxed and happy to be involved in the study. This may have been due to the nature of the participants in that they were used to a university environment and some were research active.

### **The Sample and Recruitment**

This research used a purposive sample of 25 nurses. Purposive sampling, Cormack (2000) states, allows the researcher to choose participants dependent on who can provide the necessary data; in this case, nurses. Purposive sampling then allowed me to choose participants based on the purpose, focus and scope of the research (Polit

and Beck 2010). Snowball sampling was also undertaken, which involved asking existing participants to make referrals to other individuals that they thought may be appropriate (Polit and Beck 2010).

The specific sampling decisions for the composition of focus groups and interviews were derived from the aim and research questions. In addition, sampling decisions were made in light of previous research that has considered nurses' perspectives of media representations. All existing research on nurses perspectives of nurse representations in the media has been conducted with student nurses (Hereford 2005; Cullen 2012; Weaver et al. 2013b) It was therefore considered appropriate to sample more broadly, selecting registered nurses as well as student nurses at the beginning and the end of their training. This included nurses from a wide range of nursing areas, including education and acute and community areas. The perspective of British nurses who are men of media representation is also absent in research, therefore men who are nurses were also recruited to this study.

Two of the focus groups consisted of nurse academics and a further two focus groups, undergraduate student nurses. Initially it was my intention to conduct a focus group of community nurses, however, this proved impossible due to the nature of community working, with time pressures and inability to get a group together. I had also recruited for one focus group of undergraduate nurses, however out of eight volunteers, only two turned up. As I did not want to lose the opportunity to speak to these two student nurses, I conducted a focussed paired interview. This proved very informative; the participants were friends so a relaxed discussion took place, which provided a great deal of data on their perceptions of nurse representation in the media. Subsequently, I recruited for another undergraduate focus group.

I also conducted seven interviews with nurses from different occupational groups. Overall, the nurses recruited consisted of the nursing types I was interested in, and as such reflected a significant diversity of nursing roles.

The demographics of the participants in the focus groups and interviews were as follows:

**Table 2: Interviews: Participant Demographics**

<b>Interview</b>	<b>Pseudonym</b>	<b>Occupation</b>	<b>Age</b>	<b>Sex</b>
1.	Marjorie	Nurse Academic	55	Woman
2	Adam	Registered Nurse/Acute	33	Man
3	Emily	Undergraduate student nurse/Year 2	20	Woman
4	Sue	Community Nurse	50	Woman
5	Jon	Registered Nurse/Acute	36	Man
6	Catheryn	Nurse Academic	44	Woman
7	Jane	Registered Nurse/Acute	39	Woman

**Table 3: Focus Groups: Participant Demographics**

<b>Focus Group</b>	<b>Occupation</b>	<b>Number of participants</b>	<b>Men</b>	<b>Women</b>
1.	Nurse Academic	6	1	5
2.	Nurse Academic	4	0	4
3.	Undergraduate Nurses	2	0	2
4.	Undergraduate Nurses	6	4	2

**Table 4: Focus Group One: Nurse Lecturers**

<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>
Ben	49	Man
Gail	44	Woman
Lucy	30	Woman
Amy	42	Woman
Ruby	54	Woman
Sarah	59	Woman

**Table 5: Focus Group Two: Nurse Lecturers**

<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>
Maggie	44	Woman
Joan	51	Woman
Lena	50	Woman
Kim	44	Woman

**Table 6: Focus Group Three: Fourth Year Nursing Students**

<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>
Rachel	21	Woman
Carol	24	Woman

**Table 7: Focus Group Four: First Year Nursing Students**

<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>
Den	18	Man
Cate	19	Woman
David	21	Man
June	25	Woman
Len	18	Man
Brian	18	Man

Volunteers were recruited via contacts at the University's School of Health Sciences/ Nursing and through recommendation from existing volunteers. Student volunteers were also recruited via the University's research recruitment digest, and again, through snowball sampling.

All participants received an Information Sheet prior to data collection. This provided information concerning the researcher and the project, including the purpose and title of the research. The Information Sheet informed volunteers that the study had ethical approval and that their anonymity would be preserved pre and post data collection. Details of an independent contact person were also provided. The Information Sheet therefore informed the participants' consent prior to data collection. An example of the Information Sheet is provided in Appendix C and D.

## **Ethics**

Ethical approval was sought, and granted, through the University Ethics Committee, before the recruitment of participants. After inquiring with the South East Scotland Research Ethics Service and NHS Lothian Research and Development, it was confirmed that ethical, and research and development approval, would not be required, as the participants who worked for the NHS were involved only in their capacity as nurses, and no NHS premises were used to conduct the research.

The adherence to ethical principles is essential to all research, and therefore was applied and adhered to, at each stage of the research process. This ensured that no participants were harmed by the research and that due consideration was given to all participants.

All participants in a research study must have informed consent; in that every participant must know the exact purpose of the research and the parameters of their proposed participation before they decide to agree, or refuse to participate, in the study (Polit and Beck 2012). All participants in this study were given clear written and verbal information on the aims and objectives of the study, and informed consent was sought with participants, both verbally and in writing. Participants were also

informed that they could withdraw from the study at any time, without reason. No financial or material incentives were provided to the participants.

Confidentiality for all participants is an important consideration when undertaking research, as individuals have a right to privacy (Polit and Beck 2010). Confidentiality was assured, as no one but the researcher had access to the data, and all identifying information was removed and replaced with anonymous numeric data and pseudonyms. All electronic data are stored in a password-protected folder on the University server, and all personal identifying information removed. All raw data are retained for five years on campus in secure storage. All consent forms are kept separately from the data for 12 months on campus, securely in the nursing subject area, and thereafter in remote secure storage for five years.

In these ways, confidentiality was assured throughout the research process, however anonymity for participants in focus groups was not possible as all participants were visible to each other. Nevertheless all the transcripts of focus groups were anonymised with the use of a pseudonym.

### **Data Collection**

Data collection took place between January and February 2015 at the University. Focus groups were conducted prior to interviews. Focus groups and interviews were audio recorded then transcribed in January and February 2015, as close to data collection as possible. This allowed reflection on the data and the possible pre identification of themes.

### **Data Analysis**

The purpose of data analysis within a qualitative approach is to analyse participants' accounts of the subject under study; such analysis also involves an appreciation of the context in which this understanding occurs. There are a multitude of different methods for analysing qualitative data and the choice of which is most appropriate, depends upon the theoretical perspective of the study.

This study is underpinned by a hermeneutic perspective and therefore this determined the method of data analysis. As Gadamer (1900-2002) did not cite a method for data collection or data analysis, this made the decision of which method to adopt problematic. However, I selected thematic analysis; a qualitative method of data analysis used “for identifying, analysing, and reporting patterns within the data” (Braun and Clarke 2006 p.79) and I underpinned this with the principles of Gadamer’s (1900-2002) hermeneutics. This allowed the identification of key themes evident in nurses’ accounts of the representation of nurses in the media whilst adhering to the principles of hermeneutic inquiry.

Thematic analysis involves identifying themes which capture something significant about the data; this involves the researcher searching all the data for recurrent patterns of meaning (Braun and Clarke 2006). Themes then identify something important which is repeated throughout the data. These overarching themes also contain sub themes within them. As Braun and Clarke (2006, p.92) assert, “sub themes are essentially themes-within a theme”. These sub themes provide structure to the analysis and drill down into the particular nuances of each theme, helping the reader make sense of the fine-grained meanings of each theme.

In thematic analysis, the researcher moves ‘back and forth’ between the themes identified and the data, continually refining the interpretation, until understanding of participants’ meaning is reached (Braun and Clarke 2006). This also reflects the principles of hermeneutic inquiry. As Austgard (2012, p.831) asserts, understanding requires “an interpretational movement back and forth” between the transcripts, the researcher’s interpretation and back to the transcripts again. This dialectic movement, back and forth, from the parts to the whole of the text and back again is known as the ‘hermeneutic circle’. The hermeneutic circle is a circle of interpretation. In data analysis, this involves, reading the transcripts, reflecting on them and then interpreting them in a cyclic and diachronic manner, until an understanding of the text is reached (Ortiz 2009).



The cognitive process of data analysis, utilising the hermeneutic circle, Austgard (2012) claims, is difficult to articulate. She makes some attempt, writing:

...the interpretation moves from the text as a whole to its part and back to the whole, guided by the dialectic movement between the questions and answers I find in the texts. The interpreters fore understanding guides the inquiry, the search for meaning and so, also the fore understanding must be made clear for the reader, the fore understanding will constantly be changing as the various parts are constantly seen in the light of deeper understanding of the meaning of the studied text. (Austgard 2012, p.832)

Ortiz (2009) provides three guidelines for data analysis that utilise the hermeneutic circle; 'the search for overall meaning of the text as a whole', 'an interpretation of parts of the text' and 'a comparison between the parts and the whole'. I utilised these guidelines to integrate the principles of the hermeneutic circle into the thematic analysis utilised in this study. As such, the next section describes the thematic analysis undertaken in this research whilst also relating this to Ortiz's (2009) three guidelines.

### **The search for an overall meaning of the text as a whole**

As stated previously, one assumption of hermeneutics is that all language once written down, becomes text and is therefore considered to be without context; as Austgard (2012) asserts, it is 'isolated speech'. This text, Austgard (2012) asserts needs to be converted back into meaning by the researcher. Taking this into account, I firstly converted the focus group and interview data into text, which involved transcribing the audio tapes; this was then followed by a prolonged period of interpretation. At this point using thematic analysis I then familiarised myself with the entire data set (Braun and Clarke 2006).

Once transcripts were completed, the researcher repeatedly re listened and re read the entire data, searching and highlighting, with a marker pen, frequently reoccurring patterns. These were also cross-checked against field notes. At this point, it became clear that reoccurring patterns were evident in both the focus groups and interviews, consequently the data from both methods were analysed simultaneously. Nevertheless, the method chosen could have influenced participants' responses. For example, as previously stated, qualitative interviews allowed a deeper and more

personal consideration of how media representations made the participants think and feel about themselves. Considering this, the researcher also considered participants' responses in light of the data collection method used.

### **An interpretation of parts of the text**

The reoccurring patterns identified in the transcripts were then grouped into themes and sub themes accordingly, by cutting and arranging quotes from a duplicate transcript. This allowed clearer identification of frequently reoccurring themes, and their sub themes, allowing a closer examination of participants' accounts.

### **A comparison between the parts and the whole**

The arranged themes and sub themes were then compared with the entire data set, in a dialectic process back and forward between the whole and the parts until understanding was reached. It is difficult to describe how this reflexive process occurred, however I think the following quote from Gadamer et al. (2004) sums it up, "...the mind hurries from one thing to the other, turns this way and that, considering this and that, and seeks the perfect expression of its thoughts through inquiry (inquisitio) and thoughtfulness (cogitation)" (Gadamer et al. 2004, p.424).

I initially discovered eleven themes, however after extensive re reading I began to identify some similarity and overlap in themes. I therefore narrowed these down into seven refined themes. I then further analysed the themes and sub themes, highlighting them with reference to individual quotes from participants and in reference to previous literature. This is demonstrated in Chapter Four and Five where the analysis of the findings and the discussion of such are presented simultaneously as they occurred during data interpretation, thus demonstrating a fusion of horizons (Gadamer 2004; Austgard 2012). This approach is consistent with the hermeneutic underpinnings of the research design. The interpretation continued until, as Laverly (2003, p.22) states, "a moment in time when one has reached sensible meanings of the experience, free from inner contradiction". This is a cyclic process, which progressed to a deeper understanding and interpretation of the interview data.

## **Moving beyond the interpretation to what still is unknown**

As Ortiz (2009) states, once a suitable level of meaning is reached through the hermeneutic circle, in this case when the themes and sub themes were identified, further questions for research should be highlighted. These are acknowledged in this work through the thematic analysis and discussion presented in Chapter Four and Five.

The final stage of thematic analysis, Braun and Clarke (2006) assert, takes place in the final analysis and write up of the research. This involves presenting extracts of the participants' narrative which illuminate the themes and which tell your participants' stories.

## **Rigour**

As this thesis is underpinned by social constructionism and hermeneutics, it is not possible to apply the same reliability and validity measures expected of quantitative research (Cormack 2000).

As Burr (2003) argues:

...there can be no final description of the world, and reality may be inaccessible or inseparable from our discourse about it; knowledge is provisional and contestable, and accounts are local and historically/culturally specific. The concepts of reliability and validity, as they are normally understood, are therefore inappropriate for judging the quality of social constructionist work. (Burr 2003, p.158)

Whilst there are no specific guidelines for judging the rigour of hermeneutic research, there are criteria that can be applied to the assessment of data; one of which is 'credibility' (Lincoln and Guba 1985). Credibility refers to the need for researchers to ensure and highlight how their research is believable (Polit and Beck 2012). One way of ensuring credibility, Lincoln and Guba (1985) state, is for the researcher to give prolonged and persistent thought to the research process. As is evidenced in this chapter; significant consideration and time was devoted to data collection and the in depth analysis of the data.

Credibility is also achieved through method triangulation. Triangulation involves combining more than one method in the same study (Cormack 2000). This is evidenced in this study in its use of interviews and focus groups, which increased the depth of understanding and increased the credibility of the study by widening the scope and depth.

Credibility is also enhanced, in this study, by the use of a reflexive diary, which was used to track the reflective and analytical process. The researcher's situated ontology is highlighted at the beginning, throughout and in the conclusion of this thesis, as it is a central requirement of hermeneutic research.

### **Reflexivity**

Reflexivity is a process, a form of practice, which takes place throughout research; it provides rigour and credibility within a research study, and provides transparency allowing the reader and researcher to assess the validity of the findings (Cormack 2000). As Clancy (2013, p.12) argues, "it is crucial to undergo a process of reflexivity to provide a credible and plausible explanation of participants' accounts and avoid assumptions". Being reflexive in a research study, Clancy (2013) asserts, involves a consideration of our thoughts and experiences in relation to others. It takes account of the role of the researcher in the research, and the relationship between this, and the 'validity' of participants' accounts (Burr 2003, p.156). Reflexivity in this study, as suggested by Doyle (2013, p.252), is "woven through the ontological and epistemological framework of the research, as well as being alive in the moment-to-moment interactions between researchers and research participants".

Reflexivity, Cormack (2000, p.322) asserts, acknowledges that researchers are shaped by their "experiences of the particular time and moment of the world in which they live" and that these should be explicitly stated. Taking this into account, my own experiences, prejudices and interpretation of nurses' representation in the media is stated within this thesis. The identity of the researcher is also an essential consideration in research, which adopts a hermeneutic perspective. Indeed, being reflexive is an essential part of what Spence (2016, p.1) calls, "being hermeneutic". As Spence (2016, p.6) asserts, "doing robust hermeneutic phenomenology requires

opening oneself to a journey of contemplative thinking, questioning and writing. In addition, continual engagement with prior understandings throughout the research process”.

A hermeneutic position, then, acknowledges that the researcher’s interpretation of participants’ narratives is determined by the shared experiences and common identities between the researcher and the participants. As Bentz and Shapiro (1998, p.110) assert, “observer and observed are both embedded in historical contexts through which any interpretations must be conducted”.

I have begun to highlight my own ‘fore understanding’ in this thesis, and have acknowledged that the original premise for this study came from my own dissatisfaction with the representation of nurses in the media. I now provide a more detailed account of my own foregrounding as a nurse practitioner and nurse academic. This account of my values, beliefs, occupational and personal history provides the ‘historical horizon’ (a finite standpoint) through which I interpreted the participants’ narrative. In providing this reflexive account I am acknowledging that my own foregrounding and shifting assumptions have influenced the entire thesis from initiation to completion.

In the context of a conservative Catholic upbringing and the insistence from my family that nursing was a suitable, caring and vocational profession for a young woman, I began my nurse training in the late 1980s. On entering the profession I was surprised to find that nursing, rather than a vocational and virtuous profession, was diverse, intellectually and physically demanding, requiring knowledge, expertise and compassion. Around this time I also became acutely aware of a public perception that nursing was considered as a profession suited to women. This seemed to be based on the assumption that women, with presumed natural motherly and caring qualities, were ideally suited to the nursing profession. This, I believed, undermined the expertise and education that was required to become a nurse.

I was also conscious at this time of how the media and the public reproduced myths about what it meant to be a woman. This included, I believed, the stereotyping of nurses in the media as either angels or whores. This was evident at that time in the

*Carry on Films* (1958-1992), where Barbara Windsor played a nurse character, who was a buxom, blonde, sex symbol and within the news media with repeated reference to nurses as angels. As a student and then a registered nurse, I also had first hand experience of the perception of a selection of young men towards nurses who are women. On numerous social occasions, after informing men of my occupation, I was met with a barrage of jokes about my sexual appetite. This connection between nurses and sexually availability made me feel demoralised, embarrassed and self conscious.

In addition, I also felt undermined and frustrated by what I believed were differences in status and financial rewards between, at the time, doctors who were predominately men and nurses who were women. I strongly believed that men and women were equal and that there was a great deal of inequality between men and women and in turn nurses and doctors. At this time I began to feel unsettled and less confident about my career choice believing that as a woman, I was being undermined by my occupational choice, despite enjoying the diversity and challenges of working in nursing. Subsequently I commenced a degree in applied social science in the early 1990s, where I developed a further interest in the study of the social construction of gender.

On completion of the degree and wishing to continue a career in nursing, in tandem with academia, I completed an MSc in Health Education/Promotion. On choosing my subject for the required dissertation, I reflected on my own experience as a young nurse again and on the implications of media representations, specifically how magazines could influence young girls' body image and self-esteem. On becoming a nursing academic and considering an area of interest for my PhD, I reflected on my earlier observations that nurses were represented in the media by a number of stereotypes. I was also aware of the proliferation and popularity of hospital television dramas and 'reality' documentaries, as well as a plethora of press coverage about the poor quality of nursing care. Acknowledging this, one key question troubled me: could these images of nurses have implications for recruitment into the profession, and nurses' own sense of themselves? At this point I approached the literature finding that whilst there was academic and professional concern that the

media representation of nurses had implications for the profession, it appeared that very few studies had asked nurses their understandings of nurse representations. In this context, I felt it was essential to understand how the representations of nurses in the media are perceived by nurses themselves; how they feel media representations affect their own subjective sense of self and the status of the profession.

This account of my occupational and personal history and assumptions related to media representations illustrate how my own professional and personal history has partly informed the aims and questions addressed in this research. In addition, as a British nurse, my closeness to the field of inquiry will also have affected the data I collected and my interpretation. Indeed, sharing both a professional commonality and understanding with the participants in this study, allowed me to quickly gain rapport with the participants and gave me insight which another non nurse researcher may not have had. For example, some participants revealed feeling uncomfortable and undermined when out socially when they were subjected to jokes about the sexual availability of nurses. This resonated with my own experience as I had felt a similar sense of annoyance and irritation. This enabled me, when interpreting the data, to understand the participants' experience and resultant feelings. Additionally, there is also a chance that my assumptions may have led to me missing something. For example, in the earlier focus groups, I had a feeling that the participants were not as concerned as I was about media representations. I therefore dismissed this feeling initially, as it did not resonate with my own beliefs, however as the data collection continued I realised that this indeed appeared to be the case and must be acknowledged.

Despite identifying my positioning within this thesis, it is extremely difficult, perhaps impossible to articulate and explicitly identify every effect that this had on data collection and interpretation. As Bishop and Shepherd (2011) argue, we cannot fully capture our role in interpretation, or know how we are perceived by participants and how this effects their responses. However, I can acknowledge that different people perceive the same phenomena in multiple ways and bring their own pre understandings to bear on their experiences.

My perceptions, assumptions and emotional commitments to this area of interest have changed throughout the process of research. Certainly, when exploring the participants' understandings of media representation, I was also creating and amending my own assumptions. In addition, referring to Gadamer's hermeneutic circle, a new understanding of media representation was reached between my own fore understanding, the participants' foregrounding, and the process of interpretation. This led to a fusion of horizons; a shared understanding between myself and the participants.

In this research I found much that I had not anticipated; in particular, the participants' perceptions of media representations were often contrary to my own assumptions about media representations. Indeed, I had assumed that all nurses would be as concerned as me about the representation of nurses in the media. However, in the majority of cases this was not the case. I was also shocked that some nurses held a stereotypical view of the profession; consequently, I was very careful not to add anything or take anything away from what the participants had to say, as I was acutely aware that I had profoundly different views to some of the participants regarding the profession. Additionally I was also perplexed by the contradictory, confusing, uncertain nature of the participants' narrative and I initially tried to resolve this. I soon realized that this was imprudent as what I had revealed was participants' multiple and subjective realities of media representations and this contradiction was unresolvable and an important finding in this research. A more detailed reflection on how my position has changed and developed as a result of the research undertaken for this thesis is presented in the concluding chapter.

Burr (2003) maintains that, traditional research is considered to replicate a power imbalance between researchers and participants. This imbalance, Polit and Beck (2014) state, may cause participants to behave differently under research conditions. A reflexive researcher should acknowledge this imbalance, whilst also facilitating an equal relationship between the researcher and the researched (Burr 2003). The



participant therefore becomes central to the process, sharing power with the researcher (Grbich 1999). This was achieved by allowing the participants the freedom to lead the discussion, and to determine the nature of such, including the ability to bring an image of a nurse in the media as an object of discussion. Questions asked were very open and any ongoing discussions were led by the participants, with the researcher providing occasional prompts. This work then, from the outset, was considered a 'co creation' between the participants and the researcher. As Austgard (2012) asserts, the researcher and researched are all participants in the process of interpretation. Moreover, in hermeneutic research, as Chang and Horrocks (2008) argue, the researcher is also a participant, as they are also actively involved in the construction and interpretation of meaning.

My desire was for the participants to tell their own stories, whilst also acknowledging my own influence on the subject. This is considered to enrich the work, not detract from it. Indeed the influence of the researcher as discussed cannot be ignored as it has affected the focus and conduct of this work, influencing the work at all stages of the research process.

My own history as a nurse academic and the research setting, a university, may have influenced the way that nurses talked about representations, and this must be acknowledged in this research. To elaborate, there may have been a power imbalance between the researcher and participants; there may have also been another imbalance in professional status between that of student and lecturer. Despite this possibility, all participants were very comfortable and happy talking to me. This may have been due to my status as a registered nurse, with participants having a sense of shared commonality, a fore understanding, which I have acknowledged made conversation more natural and open.

Reflexivity also involves examining what people are not saying, not just what they are. Indeed Wilcke (2002, p.5) maintains, that hermeneutics involves "reading between the lines", by being mindful of what participants are not saying. This was addressed with the use of field notes, which, for example, recorded participants' body language when they were discussing media representations.

## **Summary**

This chapter has provided a critically reflective analysis of the research design implemented to answer the questions posed. It has presented the philosophical standpoint, theoretical framework, methodology and methods used to consider nurses' perceptions of media representations.

The research utilises an approach, which has allowed a consideration of how nurses interpret nurse representations, and the context in which this occurs. Utilising a hermeneutic perspective has also allowed me to reveal my own fore understanding and how this is integral to the interpretation of participants' narratives. Moreover, I have conducted an enquiry that is aware of the complexities of the stated theoretical positions, producing a work which puts the participants at the centre, with the researcher integral and interconnected to the process.

The next two chapters present and discuss key themes relating to nurses' descriptions, perceptions of, and emotional responses to representations of nurses in the media, in terms of the wider implications for the nursing profession and their own subjective sense of self.

## **Chapter Four: How Nurses Talk about Representations of Nurses in the Popular Media**

This chapter presents a thematically ordered critical analysis and theoretically informed discussion of the data to emerge from nurses' talking about representations of nurses in the popular media. These findings are discussed throughout, in the context of previous literature, and the implications of the findings for the current body of knowledge and contemporary nursing discourse are acknowledged.

The next two chapters synthesise the critical analysis and discussion of the data to emerge from nurses' descriptions perceptions of, and emotional response to the representations of nurses in the popular media. This approach to presentation of the critical analysis and critical discussion of the data is consistent with the hermeneutic underpinnings of the research design.

One of the central tenets of hermeneutics is the belief that the interpreter's fore understanding cannot be separated from the interpretation of the text and, is in fact, an integral part of it (Dowling 2004). In taking account of this when analysing the data I utilized the principles of the hermeneutic circle (Ortiz 2009), conducting a cycle of reading, reflective writing and interpretation, which was underpinned by my own pre understanding of the subject which was also informed by the academic literature. Therefore the interpretation; the findings, the analysis of the findings and the discussion of such are integrated in such a way as they occurred simultaneously during the interpretation of the data allowing a fusion of horizons (Gadamer 2004; Austgard 2012). Acknowledging this the next two chapters present the findings and discussion concurrently. This synthesis of analysis, findings and discussion preserves the interpretation of the participants' narrative and demonstrates that a fusion of horizons was reached when I comprehended the meaning of the narrative, alongside my own understanding of the text, conveying the meaning of the narrative and my own interpretation simultaneously.

Following the rigorous process of thematic analysis of the focus group and interview transcripts, seven themes were identified: 'stereotyping and visibility', 'gender

sexuality and nursing’, ‘change and continuity’, ‘criticism and approval’, ‘it doesn’t bother me’, ‘representations and recruitment’ and ‘the public image of nursing’. The seven themes were ordered into two chapters to ensure conceptual coherence; hence, each chapter reflects a different emphasis in how participants talk about representations. This chapter considers how nurses talk about representations of nurses in the media, and the next chapter explores nurses’ perceptions of, and emotional response to, representations in terms of wider implications for the nursing profession and nurses’ sense of self.

The three overarching themes, which are discussed in this chapter, are: ‘Stereotyping and Visibility’, this theme emerged from the participants’ identification in the popular media of nursing stereotypes and the assertion from participants that nurses are ‘invisible’ and ‘background’ features in television hospital dramas. ‘Gender, Sexuality and Nursing’, this theme arose from participants’ assertions that nurses are represented in the media as predominately women and that men who are nurses are represented as gay. ‘Change and Continuity’, this theme considers the assertion by many participants that representations of nurses have changed from an ‘old fashioned’ image of nurses’ to a more contemporary form. Despite this, many participants still identified stereotypes in the media and circulating in broader social discourse.

Sub themes are also presented within the overarching themes; these arose from the analysis and reflect the nuances of each theme. These sub themes help the reader make sense of the fine-grained meanings of each theme.

In the following chapter, I include participants’ statements taken from interview and focus group transcripts; these illuminate the themes and sub themes under discussion. To preserve confidentiality, all participants are identified by a pseudonym. The facilitator is identified when necessary, as ‘Fac’.

The majority of participants when identifying nurses’ representations, referred generally to the media. When participants did refer to a media type, they most frequently referred to television hospital drama, both American and British. This

could be explained by the popularity of this genre (Broadcaster Audience Research Board 2016).

All participants were aware of contemporary and hospital dramas, with many also watching them regularly. Participants referred to British and US hospital dramas, with most referring to *Holby City* (1999- ), *Casualty* (1986- ), *ER* (1994-2009), *Scrubs* (2009- ) , *Grey's anatomy* (2005-) and *House* (2004-2012).

Some participants also referred to film, 'reality' television, news media and novels. This was particularly informative as participants articulated that these different media types represented nurses in different ways.

### **Stereotyping and Visibility**

All participants in this study identified nursing stereotypes in the media, with most describing the portrayal of women nurses in the popular media as naughty nurses, battleaxes, handmaidens and angels. These findings are consistent with media analysis undertaken by Kalisch and Kalisch, between 1980 and 2007 on film, television, novels and the internet. In addition, the participants' narrative supports the assertions of Darbyshire (2013) and Salvage (2015), who suggest that stereotypes of nurses are still evident in the media.

The participants' narratives also reflect the findings of Hereford (2005), Cullen (2012) and Weaver et al. (2013b), who found, in their research, that student nurses identified nursing stereotypes in television and film. Whilst the participants in this research reflect the student nurses' narrative in Hereford (2005), Cullen (2012) and Weaver et al. (2013b) studies, it also extends these findings, by providing a British perspective, and by talking to a broader spectrum of nurses, ranging from nursing students to nurse educators.

In the majority of cases, the participants did not describe the characters, images or portrayals they identified of nurses in the media specifically as stereotypes. However, what they did describe reflected the essence of the four major nursing stereotypes as identified in Chapter One. For example, Jane stated, "*she's a sexy*

*nurse that wears a little skirt; these are the ones you get on the American TV shows and films*". This relates to the naughty nurse stereotype described as nurses dressed provocatively and as sexually available. And Catheryn stated, *"it's that whole self-effacing, what is it, they serve while we stand and wait. That quiet ministering head patting, there, there nudging"*. This relates to the handmaiden stereotype as described in the literature as women nurses represented as female, subservient and answerable to doctors.

The stereotypes that participants identify in this study are recognised by Macdonald (1995), as 'myths of femininity' which position women as virtuous, subordinate and angelic, whilst on the other hand, sadistic, controlling and sexually deviant. Participants' identification of female stereotypes support Hallam's (2000) assertion that nurses are subject to myths of femininity, which rely on gendered assumptions about women. For clarity, myth, a social construction, is defined by Barthes (2009, p.131), as a "system of communication" which contains a message. These myths, Barthes (2009) asserts, are widely reproduced in society and considered 'natural', despite having little connection to 'reality'. One characteristic feature of myths is their deployment of stereotypes (Muff 1982). The definition of stereotype utilised to frame my thinking, when analysing participants' accounts, is defined by Dyer (2002, p.12) quoting Lipmann (1956), as "very simple, striking, easily grasped forms of representation but are none the less capable of condensing a great deal of complex information and a host of connotations".

'Stereotyping and visibility' is split into the following five sub themes; the naughty nurse; the battleaxe; the angel and the 'virtue script'; binary myths of femininity and the handmaiden and the invisibility of nurses.

### **The 'Naughty Nurse'**

All participants identified the persistence of the naughty nurse stereotype in the media generally, and within public conversation. When identifying the naughty nurse, the majority of the participants referred to images of nurses as sexy and promiscuous. This is similar to the findings of Hereford (2005) and Cullen (2012),

who found that student nurses identified respectively, the ‘sex object’ and the ‘sexy nurse’ in television and film.

As Marjorie stated the ‘naughty’ nurse is represented in “*shiny red lipstick, shiny red nails, fish net tights*”. She further explained, “*a woman, the absolutely classic stereotypical Carry On nursing type of thingy, em, you know, getting your bum pinched, squealy high pitched giggly voice*”

Similarly, Jane stated,

*“It’s the slutty image of a sexy nurse and they’re all easy”*

When identifying specific examples of the ‘naughty nurse’ in the popular media, some participants provided examples of the ‘naughty nurse’ stereotype in the media, referring to the *Carry on Films* (1958-1992), *Holby City* (1999-) and *No Angels* (2004-2006).

For example Adam, when referring to *Holby City* (1999- ) stated:

*“There tends to be the pretty nurse; blonde hair, blue eyes, slim, big boobs and all the rest of it”*

There was an age difference in participants’ accounts of the naughty nurse stereotype, with older participants identifying the naughty nurse stereotype in media portrayals they were exposed to when younger. For example, Barbara Windsor, a nurse character in the BBC *Carry On Films* (1958-1992). Unsurprisingly a few of the younger participants, mainly student nurses, had no recollection of the *Carry On Film* series, or Barbara Windsor’s character at all, describing instead, the naughty nurse stereotype in fancy dress. Nevertheless, alongside the older participants there were a number of younger participants who were also aware of Barbara Windsor’s ‘naughty nurse’ character. This identification of the naughty nurse stereotype in the *Carry On Films* (1958-1972), considering they are no longer produced, may support Ferns and Chojnacka’s (2005) assertion, that the carry on series made a “significant contribution” to the naughty nurse stereotype and its continued persistence in the public imagination.

On further exploration, it became apparent that whilst a small number of participants had identified examples of the 'naughty nurse' stereotype in the media and many participants were clear that naughty nurse representation were evident in the media, the majority of participants could not provide any specific examples. Instead, many participants referred to the naughty nurse stereotype being reproduced in Halloween and fancy dress costumes. This may suggest that the reproduction of this stereotype has declined in the popular media, whilst still living on in the public's imagination, therefore continuing to be reproduced in wider discourse. Of course, it could also suggest something about the participants' viewing habits, indicating that whilst the majority of participants were familiar with the stereotype in the media, they just could not recall any specific examples.

When discussing the naughty nurse stereotype, Rachel explained:

*"I think there's that kind of Halloween costume, like, not a lot of clothing"*

Rachel elaborated further:

*"Like not wearing a lot of clothes, like really skimpy outfits, kind of over sexualised"*

And Jon stated:

*"I remember we were looking for Halloween costumes for the kids online and just you'd see some Halloween costumes out there, and you'd see nurses one's and you just think, 'really'?"*

A small group of younger participants, whilst identifying the naughty nurse in fancy dress costumes, asserted that the naughty nurse stereotype was no longer evident in the media. This data confirms Kalisch and Kalisch's (1987) assertion that, the nurse as a 'sex object' dominated between 1966 and 1982, when some of the participants were not even born. Illustrating this, Sue explained:

*"They're not portrayed as a silly wee lass who is flitting about being the sexy wee nurse, so yeah I guess it has changed. It's not a true depiction of nursing by any*



*manner or means, but it's not one that makes them out to be silly wee girls and a sexy wee thing"*

The assertion by some younger participants that the naughty nurse stereotype is no longer evident in the media suggests that this stereotype is less dominant in the media, this is also illustrated by the generational response to this stereotype, with older participants identifying the stereotype in the *Carry on Films* of the 1980s early 1990s. This data is contrary to the findings of Hereford (2005) and Cullen (2012), who found that student nurses identified the naughty nurse stereotype in television and film, it is also possible that these contradictory responses may also relate to the participants different viewing habits.

Apart from *Carry On Films* (1958-1992), no participants identified the naughty nurse stereotype in film. This is surprising, as Stanley (2008) found in a media analysis, that nurses were represented in 74 out of 290 British and American films, with nurses as key characters (1920-2007), as overtly sexual. Certainly, participants articulated that they watched films, although there is a chance they did not identify the sexualised nurse or had not watched any of the films sampled by the authors.

Throughout the data collection participants very rarely referred to contemporary cinema when discussing representations of nurses in the media. Indeed the majority of participants, when prompted, could not think of any representations of nurses in film.

*"I can't think of a film that has a nurse in it"* (Rachel)

*"No I can't think of any nursing, real nursing films"* (Emily)

This narrative is contrary to student nurses in Hereford's (2005) study who claimed that nurses in contemporary films were represented by a number of stereotypes.

Some women participants described the naughty nurse stereotype in terms of its relation to the 'reality' of nursing, articulating that the naughty nurse stereotype actually reflects some 'truth' about nurses. The following participants' accounts illustrate this:

When describing the naughty nurse stereotype as a “*glamorous blonde bombshell with a figure hugging outfit on*” Maggie explained, “*actually we did have some of those in the team*”.

Likewise, Catheryn explained:

*“I do remember, as a student, some of my class went dressed up as nurses on parade and hiked their uniforms up and unzipped a bit, and things like that so sometimes. I am quite kind of... It’s nurses themselves that are doing that”*

Catheryn’s account firstly suggests disapproval of nurses’ behaviour and secondly suggests that she believes that some nurses reproduce the sexual stereotyping of nurses. Similarly, Sue, a community nurse, articulated that this stereotype arose from the behaviour of nurses, who in the past, were “*chained to the nurses’ home*” and therefore had to ‘sneak’ out to have fun.

*“They were young girls wanting fun, they wanted to go out and meet boys, have a drink.”*

Marjorie, a 55-year-old nurse academic, was particularly incensed by the behaviour of nurses, perhaps reflecting a traditional perspective of what is considered appropriate behaviour for women. As Marjorie asserted, with reference to young nurses:

*“Some of them do behave that way.”*

She further explained:

*“There is always the one or two, you know the ones out late at night getting pissed and coming on duty, that haven’t been home.”*

Ruby and Sarah both referred to the ‘reality’ of nurses’ social lives when explaining the ‘naughty nurse’ stereotype:

Ruby stated:

*“How young people conduct themselves at the weekend...you know there’s something maybe disturbing there about kind of behaviours of young people and the kind of old fashioned sexy nurse”*

And Sarah explained:

*“There’s that MP in that hospital in London and he said he had two nurses breathing alcohol all over him and talking about shagging or something you know he was absolutely outraged, and quite rightly actually, so values haven’t changed”*

A possible explanation for why some women participants described the naughty nurse stereotype in terms of its relation to the ‘reality’ of nursing, may be that stereotypes, as a concept, work by apparently containing an element of truth; what Perkins (1979) calls a ‘kernel of truth’. This ‘kernel of truth’, Macdonald (1995) argues, makes stereotypes appear more plausible, and acceptable. Indeed Perkins (1979) argues that, stereotypes as a concept, survive by convincing us they contain a ‘kernel of truth’. Moreover, whilst given the heterogeneity of a wide population there is statistically bound to be someone who exhibits one characteristic of the stereotype; they are the exception rather than the rule, nevertheless these features are generalised across the stereotyped group.

In acknowledging that the naughty nurse stereotype contains an element of truth, nurses could also be complicit in reproducing nursing stereotypes. As Dyer (2002) argues, stereotypes form part of how people make sense of themselves, and in acknowledging the ‘truth’ in stereotypes, they continue to reproduce them. This approval of stereotypes by participants, Macdonald (1995) and Dyer (2002) argue, leaves the power relations between men and women inherent in stereotypes unchallenged.

The assertion by women nurses that the naughty nurse stereotype contains some truth about nursing, can also be understood through the work of Macdonald (1995) who argues that women approve of female stereotypes; in this case those that associate women with sex. As Macdonald (1995) argues, women often talk within a ‘normal’ discourse of what it means to be a woman; this can be seen in this study with women

participants discussing sexual stereotypes of nurses in terms of their ‘truth’. As Muff (1982, p.133) asserts, feminine myths which contain stereotypes are so ‘intricately’ woven into the threads of our lives, that it becomes impossible to tell the difference between the myth and the reality”. As Barthes (2009) asserts myths, (which include stereotypes) after a prolonged period of exposure, become ‘normal’ and ‘natural’, keeping the power structures, which underlie the myths, intact. This may explain why participants saw an element of truth in nursing stereotypes.

Many participants, when describing other nursing stereotypes, also asserted that they contain an element of truth about nurses. This ran through participants’ descriptions of nursing stereotypes, and as such, is acknowledged, throughout this chapter. For example, many participants explained in relation to the stereotyping of men who are nurses as gay, that men who are nurses were ‘gay’. Sue stated:

*“I mean yeah, you would expect a male nurse to be gay if he was going into nursing”*

And Marjorie, in identifying the ‘slovenly nurse’, explained that the media magnify an aspect of some ‘real’ nurses’ appearance. As she asserts:

*“In fact, in reality there are some nurses who are like that, and therefore you know how comfortable would I feel being looked after by a nurse who wasn’t looking after their own appearance. Who did stink of smoke, like they do sometimes.”*

Marjorie was the only participant to identify what she called the “slovenly nurse” image in the media. She likened this representation to Sairy Gamp, from the novel *Martin Chuzzlewit* (1843) by Charles Dickens. Marjorie had earlier articulated that her formative knowledge of nursing came from novels, including Dickens (1843), which explains why she was aware of the representation of nurses as slovenly.

She considered the slovenly nurse to be ‘lacking in presentation’ explaining:

*“I suppose the other word would be sluttish but it’s about, it’s almost as if there are unkempt or you know, slightly messy, em, they are a bit slapdash.”*

Much like many other participants, Marjorie is relating the stereotype to the ‘reality’ of nursing. Dickens’ (1843) *Sairy Gamp* does illustrate that at the beginning of the 19<sup>th</sup> century, nurses were represented as untrained and unkempt, however Marjorie is referring to nurses today. This representation has not previously been identified in academic debate. Despite the identification of the ‘slovenly’ nurse in the media, Marjorie offered no specific example of this representation in the media, even on further exploration; instead, she referred to her own observations of nurses.

Participants, in describing an element of ‘reality’ in stereotypes, may also suggest that nurses themselves hold a stereotypical notion of nurses. This reflects the findings of Jinks and Bradley (2004), who found that student nurses have stereotypical views of the profession and Price et al’s. (2009, p.15) meta study, which found that student nurses had “pre conceived notions” of nursing, which did not correspond to the ‘reality’ of nursing on entering the profession. An explanation for this may be that nurses as other members of the public have been exposed to nursing stereotypes throughout their lives and these, to some extent, have been internalised and normalised. As Delacour (1991) argues, prolonged exposure to stereotypes can result in the internalisation of stereotypes, whereby they become believable and ‘natural’. A stereotypical understanding of nursing, as related by some participants in this study, may also reinforce Strasen’s (1992) position that the media influences nurses’ views of nurses and vice versa, that nurses influence the media image.

In contrast to the belief that the naughty nurse stereotype had some origin in nurses’ actual behaviour, two participants believed the ‘naughty nurse’ stereotype arose from the intimate nature of some nursing procedures,

Emily explained:

*“Because you’re cleaning people and stuff like that, so I mean you’re’ doing intimate procedures”*

Similarly, Rachel explained:

*“Maybe because of the work that nurses do, they’re carrying out such personal care and things. Maybe people are blurring the lines”*

This assertion by participants that the naughty nurse stereotypes arose from the intimate tasks that some nurses perform corroborates Darbyshire’s (2013) assertion that, nurses are sexualised because they undertake intimate procedures. Darbyshire (2013) claims that nurses, in undertaking intimate tasks, cross social and cultural boundaries about intimate human contact, which are normally confined to sexual relationships; consequently, nurses by the nature of their work, are sexualised.

A minority of participants articulated that they could not understand why nurses were stereotyped as naughty, as this had no basis in ‘reality’. For example, in considering why nurses were portrayed as sexy, Carol commented:

*“These women wearing nothing with a little nurse’s hat so I don’t know how that has come from the nurses’ role to that. I don’t know how”*

In addition, Emily saw the representation as ‘stupid’, because the stereotype did not reflect the ‘truth’ about nurses. She stated:

*“And the sex in nursing is just stupid. Because we do not look at all remotely good in our scrubs. They’re baggy and horrible and we’re sweaty and we’re rushed off our feet the whole time. So no, we’re definitely not sexy”*

The assertion that the naughty nurse stereotype has no basis in ‘reality’ is contrary to the belief expressed by other participants, that the naughty nurse stereotype reveals a ‘truth’ about nursing. This illustrates the complexity of participants’ narratives, with some participants identifying a gap between the representation and their conception of the reality of nursing and others seeing representations as portraying a ‘reality’ about nursing.

In line with the wider academic debate, on the whole, participants’ narratives suggest the persistence of the naughty nurse stereotype, both in the media and within social discourse. The nurses’ accounts also suggest that some nurses identify an element of

truth in the naughty nurse stereotype. This may indicate that prolonged exposure to nursing stereotypes has influenced nurses' own understanding of nursing.

### **The Battleaxe**

Whilst the majority of participants acknowledged the angel and naughty nurse stereotypes in the media, a smaller number identified the 'battleaxe' as an image they recognised from the popular media. This is consistent with Hereford's (2005) study with student nurses identifying the 'mean nurse' in both film and television. The battleaxe stereotype is identified by Bridges (1990 p 851) as an "overweight, authoritarian senior nurse". For example, *Nurse Ratched*, a nurse in a psychiatric hospital, from the film *One Flew Over The Cuckoo's Nest* (1975), and *Hattie Jacques*, the hospital matron, from the British *Carry On* films (1958-1992).

Consistent with the participants' narrative concerning the naughty nurse stereotype, on the whole, participants referred to specific media which related to their age; with older participants identifying the battleaxe stereotype in Hattie Jacques, the hospital matron, from the *Carry On* films (1958-1992) and others referring to characters in *Holby City* (1999-) and *Call the Midwife* (2012-).

The majority of those who did identify the battleaxe stereotype, did not use the term 'battleaxe' but talked about the image of a nurse as a 'stern' and 'bossy' woman; with older participants referring to her as the 'matron'. For example Sarah when discussing nurses representations identified, "*the matron figure; there's often a lot of nostalgia about matrons. Which frankly sounds like dodgy dominatrix stuff*". These characteristics reflect the battleaxe stereotype as identified by Darbyshire (2013). The participants who did identify the 'battleaxe' stereotype as the 'matron' tended to be older. A possible explanation for this might be that, firstly, the position of matron in nursing has been discontinued and secondly, it may reveal the stereotyping of matrons as 'battleaxes'.

Much like the naughty nurse stereotype, some of the participants commented that the battleaxe stereotype was outdated and no longer as evident in the media. This supports the assertions of Bridges (1990) and the media analysis of Kalisch (1982a),

which indicates that the battleaxe stereotype was dominant in the 1960s and 1970s, particularly in film and television, but is now in decline. Nevertheless, a small number of participants did identify this stereotype in the popular media, with some suggesting that it is evident, but in a more modern and diluted form. The following three participants' accounts allude to this.

Maggie, an academic, stated that whilst the 'battleaxe' stereotype had declined, the representation of nurses with the characteristics of the 'battleaxe' continues. Maggie explained that the battleaxe stereotype is "*more subtle*". She explained this in relation to, the "*Hattie Jacques type character and the older portrayal in the media*". Hattie Jacques was a matron in the *Carry On film* series (1958-1992).

Despite this change in the battleaxe stereotype, she explained that:

*"I think there are still some very strong people who are very uncompromising and ungentle in their approach"*

What Maggie does here, instead of discussing the battleaxe stereotype in the media, is revert to an account of what she believes is the 'reality' of some nurses' characteristics; this was typical of many other participants' narrative. Many participants also identified the characteristic of the battleaxe in the Charge Nurse and Sister who were seen as replacing the matron.

Adam referred to an example from the media, stating,

*"When you watch Holby City and things, there still is the Sister and she's always the Sister and she's always very stern and she's always in her uniform, you know the Sister is never in scrubs."*

Catheryn explained that instead of the matron:

*"It's about the charge nurse now, that kind of woman in authority traditionally, uncomfortable for some people so they're rather depicted as the bossy bag and 'watch out sister' and that kind of thing."*



One respondent who did identify the battleaxe was Rachel, who also explained its use. Rachel asserted:

*“The battleaxe kind of.. the nurse is showing more masculine qualities, like perceived to be more masculine qualities that they're strong and they're going to get things the way they want them done and that's kind of seen as a negative”*

Catheryn and Rachel's narratives reflect Hallam's (2000) assertion that leadership qualities are given negative connotations when associated with women nurses. It is also a particularly gendered belief that women nurses in positions of authority are 'bossy and 'uncompromising' (Darbyshire 2013). As Hallam (2000) asserts, the qualities in women of assertiveness and self-determination and leadership are given negative connotations when attached to women; these same qualities in men, however, are highly regarded.

Overall, these results indicate that the participants' narrative is consistent with previous literature, which suggests the persistence of the battleaxe stereotype in the media (Ferns and Chojnacka 2005; Darbyshire 2013 and Summers and Summers 2015). Whilst participants assert, much like previous research, that the battleaxe stereotype has declined in the media, the participants' accounts also suggest that the battleaxe stereotype has changed, with the characteristics of the stereotype previously applied to the matron, now applied to the nurse in charge. The change in the battleaxe stereotype has not previously been identified by nurse participants in research, or through media analysis and therefore these findings extend previous conceptualisations of nursing stereotypes.

### **The Angel and the 'Virtue Script'**

All participants acknowledged the representations of nurses as 'angels' in the popular media. This is similar to the findings of Hereford (2005) and Cullen (2012), who found that student nurses identified the angel stereotype in television and film. This supports Darbyshire's (2013) assertion that the angel stereotype is the most 'enduring' of all nursing stereotypes.

When participants described the ‘angel’ stereotype, the majority referred to Florence Nightingale. For example when discussing the angel stereotype Lena stated, *“the kind of Florence Nightingale, holier than thou type nurses”*. This corroborates Hallam (2000) and Darbyshire’s (2013) assertions that Florence Nightingale is an example of the ‘angel’ stereotype, with Nightingale portrayed as the perfect nurse, representing the feminine ideal of kindness and selflessness.

Whilst some participants used the word ‘angels’ when describing the representation of nurses in the media, most explained that nurses were represented in the media as ‘good’, ‘kind’ and ‘caring’. For example Emily, when discussing the ‘angel’ stereotype in the media, stated that:

*“You’re this caring, lovely person”*

And Sarah explained that nurses in newspapers are represented as angels with qualities of:

*“Self-sacrifice, self-abdication, care...you know these are the qualities, these almost vocational qualities, that is showing in William Pooley this is what the media have homed in on”*

William Pooley is a British nurse who survived Ebola whilst working as a nurse in West Africa. The ‘Ebola nurse’ was identified by many participants in this research in relation to the angel stereotype. This may be explained due to the data collection coinciding with the Ebola outbreak and its subsequent consideration in the media.

Whilst many participants described the use of the word ‘angel’ in newspapers when used in reference to nurses, fewer participants gave specific examples of the angel stereotype in film and television. This may support Holloway’s (1992) assertion that, whilst representations of nurses as angels have declined in television and film, they are still evident in the news press. However, contrary to this, the student nurses in Hereford (2005), Cullen (2012) and Weaver (2013b) studies all identified the angel stereotype in film and television.

Of those who did refer to the angel stereotype in television programmes, the majority agreed that it was an outdated image that continued to be reproduced in the media.

For example Jon stated:

*“It’s definitely still out there. You do hear that on news reports and TV shows as well. I think that’s always been there and probably always will be.”*

In addition, relating to public opinion, Sue explained:

*“I think it probably still stands to a certain extent, although people wouldn’t call you an angel but I think they just still see you as a good person”*

In considering the origin of the stereotype, David stated:

*“I think it goes back to the nuns, kind of, as well. Even though they’re good people they’re just strict and old fashioned really, that’s where it comes from.”*

Similarly, in explaining the origin of the angel stereotype, Marjorie stated:

*“Nursing came from these different backgrounds, and the religious background was very strong. I mean that was why nurses were called sisters.”*

Sarah articulated:

*“The angel image though, has evolved from this early Christianity type influence on nursing, I mean when I started nursing ....on many wards we had to kneel down and say prayers so every patient regardless had to say prayers whichever culture they came from and it was clearly these values of giving altruism. They come from Jesus Christ I suppose that sort of thing, their Christian values”*

The participants’ assertion that the angel stereotype evolved from the religious background of nursing, is consistent with the ideas of Bridges (1990) and Darbyshire (2013), who suggest that the angel stereotype arose from nursing’s religious origins. It is possible however that both Bridges (1990), Darbyshire (2013) and the

participants in this study are reproducing an origins discourse and it is this discourse rather than the origins of nursing that have produced this stereotype.

Whilst most of the participants explained that nurses were represented in the media as caring and kind, some participants explained that nurses in the media were represented as technical and skilled. For example Adam stated:

*“The media show nurses and probably more so male nurses, doing very high tech flying things, because it’s kind of a selling point of where your career could go”*

He explained further:

*“I think the job is very sexed up, not in sexualising the profession but you know all nurses these days are all terribly clever and terribly well skilled and all this sort of thing, when actually there’s no basic care represented in the media really”*

Marjorie made similar assertions stating:

*“The media representation is all about curing rather than caring”*

She explained further:

*“It’s all about the drama and the hi tech and it’s not about the relationships and the caring and the sort of nurturing bits that went with that”*

The assertion by some participants that the media represent nurses as ‘high tech’ is contrary to Kalisch et al (1980-2007) and Gordon and Nelson’s (2005) assertions that the media represent nurses as kind, and doctors as highly skilled and technical. However, these findings are consistent with more current research that indicates that nurses are represented on television as both skilled and knowledgeable (McHugh 2012).

Whilst participants assert, similarly to the literature (Holloway 1992), that the angel stereotype has declined in television and film and increased in the news media, participants’ narratives suggest that there is now evidence of a high tech nurse in television. Overall, participants’ talk is consistent with previous research with

student nurses which suggests the persistence of the angel stereotype in the media (Hereford 2005; Cullen 2012; Weaver 2013b). The identification by participants of nurses represented in the media as ‘lovely’ ‘caring’ and ‘kind’ also confirms, from a nursing perspective, Gordon and Nelson’s (2005) assertion that a virtue script continues to circulate in the media.

### **Binary Myths of Femininity**

Many participants, when discussing the ‘angel’ stereotype, articulated that nurses were simultaneously represented in the media within the extremes of ‘good’ and ‘bad’. For example, in a discussion between Carol and Rachel the following occurred:

Rachel: *“There are these extremes of images of nursing and there doesn’t seem to really be something in between. You’re either really lovely and kind of an angel like or...”*

Carol: *“A monster”*

Rachel: *“A slut”*

Carol: *“One or the other, you’ve got to decide”*

Much like Carol and Rachel, Jane stated, in relation to American television shows, that nurse characters are:

*“Either caring or a stern bitch”*

Similarly, Catheryn explained that when she was looking for an image of a nurse to bring to the interview she found:

*“Similar, similar things there’s always somebody in a swimsuit, naughty nurse, and I mean the whole Madonna whore dichotomy of a nice angel type”*

What the participants describe here is what Muff (1982) acknowledges in the academic literature as ‘binary myths of femininity’ that are applied to women nurses;

with nurses represented in the media, much like women, as “supreme good and basest evil” (Muff 1982, p.114) . These can be seen, Muff (1982) argues, in the angel and handmaiden, as good and the naughty nurse and battleaxe, as bad.

Acknowledging dual representations of nurses in the media, the majority of participants referred to the news media. For example, relating to the previous sub theme, when participants identified the angel stereotype in the news coverage of William Pooley, alongside this, they also identified what they called ‘bad’ nurses in recent news coverage of nurses accused of murdering patients who were, they state, represented as ‘devils’ and ‘evil’.

It is possible however, that these findings were influenced by the timing of the data collection which coincided with three major news stories. Firstly, the Ebola outbreak in West Africa, secondly, the assertion in the press that Colin Norris, a former British nurse, had been wrongly accused of murdering patients, and finally, the trial of Vitorino Chaus, a British nurse who was accused of poisoning patients.

Jon stated, referring to the news media that:

*“sometimes you pick up on the vibe that, ‘oh they’re sticking up for us, they’re saying how bad it is out there. We can’t sit and hold patients hands because were doing this and this and there’s not enough of us on the ward, and then there’s other times in the media whereas as a nurse you feel your under attack. ‘Someone found the dirty something in the corner’, ‘all nurses are lazy’, ‘it’s not like the olden days’, ‘they need someone to go in there and shake them up’”*

These accounts support, from the perspective of nurses, Gordon’s (2005) assertion that the news media, in particular, represent nurses as either good or bad. This also confirms my own observation that nurses are represented in the news media as either angels or devils, as for example, in the media coverage of Pauline Cafferkey’s experiences of working as a volunteer in the Ebola outbreak in Liberia . She was represented initially as an angel and then subsequently demonized because of alleged misconduct (The Telegraph 2016). This shared understanding of the representation of nurses in the news media demonstrates a fusion of horizons that occurred between

myself and the participants i.e. my own pre understanding was brought together with the participants understanding of media representations when interpreting the data. This highlighting of my own foregrounding also demonstrates reflexivity by illustrating continual engagement with my own prior understanding of media representations in the interpretation of the participants' narrative.

Participants also described examples of dual representations of men who are nurses in the news media; this may suggest that men who are nurses are also subject to dual representations of 'good' and 'bad'. This finding has not been previously identified in research and suggests that men who are nurses may also be subject to female stereotyping. As the representation of nurses who are men is an emerging area of academic inquiry, further research may be required to gain a greater understanding of the representation of men who are nurses in the media.

Catheryn acknowledged that women nurses were represented as both good and bad, in particular, she elucidated that the 'angel' and the 'whore' were often present in one character:

Referring to a book she was currently reading, she explained:

*"Well as I say, the House of God book that I'm reading at the moment has that sort of ministering angel, but she creeps into the room and sits on his face"*

Catheryn also relates this to *Nurse Jackie* (2009-2015) an American Hospital drama in stating that the main character is:

*"Effective and expert but deeply, deeply, deeply flawed"*

Catheryn's assertion reflects the views of the American Nurses Association, who "issued a statement of disappointment" concerning *Nurse Jackie's* (2009-2015) focus on the main character's dysfunctional personal life (Cabaniss 2011).

Marjorie also stated that nurses were subject to dual stereotypes of 'angel' and 'devil', articulating that the 'devil' stereotype arose from nurses who displayed 'bad behaviour', thus, she argued, not fulfilling the expectations of nurses as 'angels'.

*“Breaking boundaries about what’s appropriate for a nurse because they are doing that, they are not fulfilling that sort of stereotypical image of us as angels, halo and wings and perfect, and can do no wrong sort of stuff. So the image with the horn and tails”*

Marjorie explained further that the ‘bad’ nurse represents the opposite of what a nurse should be:

*“It’s the antithesis of what nurse should be”*

Marjorie’s comments reflect Darbyshire’s (2013, p.58) assertion that, if nurses do not conform to the “mythical norms of the ideal nurse”, they are stereotyped as the polar opposite of what the ‘ideal nurse’ should be. On further exploration, Marjorie also believed that nurses may be portrayed in these two ‘extremes’ because the ‘angel’ image was boring. Therefore, whilst she had earlier asserted that there was some element of truth in the naughty nurse stereotype, she also considered it more exciting and interesting for viewers. This reflects the views of many other participants who articulated that the media was ‘entertainment’ and only presented what the audience wished to see. This narrative is discussed further in Chapter Five.

The identification by some participants of what Muff (1982) and Macdonald (1995) recognise as binary myths of femininity, has not been identified explicitly by nurses in previous research. Whilst the student nurses in Hereford (2005), Cullen (2012) and Weaver et al’s (2013b) studies all acknowledge nursing stereotypes, they did not articulate that nurses were subject to dual representations of both good and evil. The participants’ narrative here indicates a sophisticated awareness of nurse representations, and contributes a new perspective to the existing knowledge in this field.

### **The Handmaiden and the ‘Invisibility’ of Nurses**

Whilst a small minority of participants acknowledged the handmaiden stereotype in the popular media, many participants described nurses in television hospital dramas as ‘invisible’, ‘unintelligent’, ‘subservient’ and ‘under the control’ of doctors who



are men. These characteristics are described by Muff (1982) and Holloway (1992) as central features of the handmaiden stereotype.

When participants did identify the handmaiden stereotype, the majority identified it in television hospital dramas. This reflects Hereford's (2005) research with student nurses who also identified the handmaiden stereotype in film and television. A smaller minority identified the stereotype in the media generally, and some participants, similar to the angel stereotype, referred to the image of Florence Nightingale as an example of a handmaiden stereotype. The identification of Florence Nightingale as a handmaiden reflects Darbyshire's (2013) assertion that Nightingale has been represented throughout the media as an example of a handmaiden, tending to the sick in their beds and following doctor's orders.

Much like the battleaxe stereotype, some participants believed that the 'handmaiden' stereotype was no longer evident in the media, commenting that it was an 'old fashioned' representation. The majority of participants articulated that nurses were now represented more 'realistically' in the media, as Joan stated:

*"I don't think the contemporary images in the media are handmaiden, I think they are more realistic that nurses are a bit more assertive than that and autonomous maybe"*

In addition, Adam suggested that:

*"The handmaiden image has gone out of fashion"*

Contradicting himself though, Adam provides an example of the handmaiden stereotype in *Holby City* (1999- ):

*"Although in Holby city it's always...the nurse will always say 'oh Dr this' and 'oh Dr, Dr help' as opposed to perhaps actually doing anything of their own initiative first"*

This was typical of many participants who had paradoxical views of the handmaiden stereotype; on the one hand explaining that stereotypes were no longer evident in the

media, and on the other, alluding to the stereotype in the popular media. This conflicting discourse has not been previously articulated in research with nurses. This inconsistency appears throughout participants' identification of stereotypes; with participants asserting that stereotypes are outdated, but then going on to identify them in the media. It is difficult to explain this, however it may be related to the multiple and contradictory representation of nurses that participants have been exposed to (Hallam 2000).

Many participants seemed reluctant to discuss nurse images in the media, shrugging their shoulders and explaining them away as a 'non-issue', however, over the course of the interview and focus groups, participants became more articulate and interested in contributing to the discussion. Indeed, they appeared to be creating meaning about representations, often changing their minds and challenging their own assumptions of media representation as the interviews and focus groups progressed. This narrative demonstrates a central tenet of social construction in action, with participants creating meaning, about media representations, through language (Burr 2003).

Much like the consideration of other stereotypes, some participants believed that the handmaiden stereotype might also contain an element of truth about nursing. For example, Sue believed that because nursing had changed, so had the stereotyping of nurses as handmaidens.

Sue stated:

*"Well I mean that's changed enormously in my time, and I've only been a nurse well 32 years or something. Yeah I mean back in the day certainly you did what the doctor ordered and you very rarely questioned it. And of course, that doesn't happen now. It's a joint decision, a multidisciplinary decision, there's no one person"*

Other participants' responses also reflected the belief that stereotypes contain an element of 'truth' about nursing, articulating that stereotypes of nurses as handmaidens do reflect nurses traditional roles as doctors' assistants. This also

reflects Hallam's (2000) assertion that the handmaiden stereotype arose from the reality of the relationship between doctor and nurse.

Emily believed that nurses were still handmaidens to doctors, stating:

*"Doctors tell us what to do and we go and do it"*

Emily's view reflects a one dimensional and stereotypical view of the nursing profession, which Jinks and Bradley (2004) and Price et al. (2013) also found in nurses who had recently entered the profession. Emily was a young student, so this misconception may have come from her inexperience in a nursing environment and she might also have been influenced by the public opinion of nursing. However, Emily is only one participant and other participants were very clear and positive about their role as a member of a team and as autonomous practitioners in relation to doctors.

Despite the majority of participants suggesting that the handmaiden stereotype was outdated and no longer as evident in the media, many participants similar to student nurses in Cullen (2012) and Weaver et al's. (2013b) study, suggested that nurses in the media, particularly television hospital drama, are 'invisible', playing a secondary or non-existent role in relation to doctors in the media. This also supports Kalisch and Kalisch (1986), Holloway (1992) and Summers and Summer's (2015) assertions that, nurses in the media are seen as background features, with their contribution to healthcare overlooked. McHugh (2012) labels this, a 'media syndrome', which represents nurses as occupying background positions in television and film, with doctors carrying out tasks usually undertaken by nurses.

To illustrate, Sue stated that medical dramas, particularly *Grey's Anatomy* (2005- ) and *House* (2004-2012), focus on the doctors and not the nurses:

*"You never really see nurses in it do you? It's always the doctor isn't it."*

Similarly when referring to *House* (2004-2012), Emily stated,

*"We're just the auxiliaries."*

Fac: *“In what way?”*

Emily: *“Because if the patient deteriorates they just go straight to the doctor. It doesn’t show nurses in the background doing the medication and observations, you know looking out for the deteriorating patient”*

A possible explanation for the nurse characters’ lack of visibility may be due to the nature of the programmes they discuss. *Grays Anatomy* (2005- ) and *House* (2004-2012) are ‘medical dramas’ and, as such, place emphasis on the doctor characters. Nevertheless, some participants also identified this ‘misrepresentation’ of nurses in hospital drama, with nurse characters remaining in the background, whilst doctors undertook their tasks.

For example Den stated

*“There’s always tons of doctors in ER. Like there is nurses there but it always seems like the doctors are always saving the day”*

Also referring to *ER* (1994-2009), Emily, a student nurse, stated:

*“It looks like the doctor is actually doing some of the things that the nurses would typically do over here”*

The majority of participants, when identifying examples of representations of nurses in the media, referred to US television hospital dramas. This may reflect the popularity of these programmes (Jacobs 2003). There was also an age difference in the response, with younger participants most likely to refer to US hospital dramas like *ER* (1994-2009) and *Scrubs* (2009- ), and older participants more likely to discuss British hospital dramas like *Holby City* (1999- ) and *Casualty* (1986- ). Moreover, the majority of younger participants, mainly the student nurses, did not watch either of these British dramas preferring, instead, US hospital drama. This may be because, as Sarah asserts, American drama is more ‘*exciting*’ and, as Sarah articulated, contains a “*lot more gloss*”. It is difficult to explain why this may be, though it may be due to the differences in the format of these shows, with the US dramas filmed at a much quicker pace (Jacobs 2003).

In Focus Group Three, Carol and Rachel, two fourth year student nurses, talked at length about how US television medical and hospital dramas represent nurses in the 'background', with doctors seen undertaking nurses' jobs. Carol had brought a visual image of *Grey's Anatomy* (2005- ) to the focus group and this initiated discussion. She stated that she chose this particular image because, whilst she liked the show, she did not believe it provided an accurate view of nursing. The following quote illustrates this:

*"Unless the nurses are sleeping with the doctors then we know about the nurses. So yes I chose that image because I think particularly in this television programme, the nurses don't really seem to have an important role in hospital at all or it's not very noticeable that they do anyway"*

Carol explains further that nurses in *Grey's Anatomy* (2005- ),

*"Are in the background."*

And Rachel replied:

*"Yeah, just background figures and they'll go and fetch equipment"*

In addition, Rachel commented:

*"They (doctors) have to give them their tablets before rounds and I'm like doctors giving tablets? When does this happen?"*

Fac: *Yes, I guess what you are saying is, the doctors do the nurses' jobs?*

And Carol replied:

*"Yeah and its making it seem like, what do the nurses do? Just stand there and have relationships with doctors"*

In relation to doctors carrying out nurse roles Carol explained,

*“If you are unwell, the doctors will stay with you overnight and I’ve never really encountered that before”*

The assertions made by Carol, Rachel and others, are consistent with Turow’s (2012) research, which found that nurses in *Grey’s Anatomy* (2005-) and *House* (2004-2012), remain invisible, with doctors completing tasks, such as giving medication, which in ‘reality’ are undertaken by nurses. As Turow (2012, p.4) argues, a “limited and incomplete portrayal of nurses has been an enduring feature of prime time medical television programmes”.

Nevertheless, some participants, including Carol and Rachel explain that, *ER* (1994-2009), represented nurses as important contributors to the medical team. Rachel, referring to *ER* (1994-2009), explained:

*“They have back stories, same as doctors and it’s not because of their intertwined love lives it’s because they are central to the story and to the running of this department”*

And Jane asserted, also referring to *ER* (1994-2009):

*“I thought it was a good representation of nurses generally”*

When discussing US Hospital drama, Carol, Rachel and many other participants indicated that US dramas might be different to the British situation due to cultural differences, as Carol articulated, *“I don’t know if it’s because it’s set in America”*. Many other participants also acknowledged that there may be something different about American nurses which is then portrayed in US hospital drama.

For example, in referring to the representation of nurses in American hospital drama, Sarah commented:

*“in America of course it’s completely different”*

Participants explained that there were two reasons for these differences. Firstly, that nursing was different in the USA and secondly American drama was more ‘exciting’.

In referring to the difference between American and British nurses, Marjorie stated:

*“it was American and nurses in America seem to fulfil a fairly different role to nurse in the UK, in that they seem much more autonomous in how they are allowed to work”*

And Ruby stated, in reference to American nurses, that:

*“the confidence level with America, there is a different type of society and I do perceive Americans as confident people”*

Ruby explained further, in relation to US medical dramas, that:

*“thinking about the American shows that are medical, they give a really different impression of nurses, they are for me seen to be different. There’s that Britain’s still holding on to the kind of traditional image that we have of nursing whereas American nurses are a mini doctor, just the appearance on these shows creates a very different image I think. Also just that confidence and kind of and there’s less barriers between nursing and medicine in the American shows”.*

Ruby continued in the discussion to compare American hospital dramas, to the British situation comedy *Getting On* (2013- ). She stated that *Getting On* (2013- ), is very British, giving the impression that the British are *“not quite competent”*, whereas the American approach, she stated, is to represent nurses as *‘very confident’*. This may, however, be due to the difference in pace between these different programmes. *Getting On* (2013- ) is situated in a ‘care of the elderly’ ward and has a much slower pace than American hospital dramas.

Overall, the majority of participants thought that US hospital dramas, especially *ER* (1994-2009), did have a more ‘realistic’ representation of nurses, however, some explained that this was not only because representations were different, but that the American nursing profession was also different, more technical and autonomous. This is also reflected in Rachel’s response when she said, *“American nurses are a mini doctor”*.

This narrative suggests that participants see American hospital dramas, as perhaps, not relevant to the British nursing context, because American nursing and American hospital dramas are different. An explanation for this may be that American dramas have different formats and are produced differently than British hospital dramas (Jacobs 2003). Also, as the participants assert, nursing and healthcare systems in Britain and the USA are different, with the American system based on private insurance and the British health service being free at the point of need. There is no evidence for the participants' assertion that the American nurses' role is different or higher in status to British nurses, though undoubtedly there will be cultural differences.

Similar to the assertion that nurses are represented as minor characters in television dramas in relation to doctor characters, who often carry out nursing tasks, participants articulated that in television hospital dramas, professional relationships between nurses and doctor characters are hierarchical, with doctors inhabiting a more privileged position in terms, they state, of both skill and status.

To illustrate this, when Marjorie articulated the relationship between the nurse and doctor in television hospital drama, she explained that doctors are represented as:

*“the person who’s got the brains and the qualification and the skills and the nurses are there, to some extent, to do what the doctor suggests.”*

Some participants highlighted that in the past, doctors had been represented in hospital dramas as superior to nurses. For example, in Focus Group One, Ben identified Richard Chamberlain, the central doctor character in *Dr Kildaire* (1961-1966), an American medical drama series. He stated that *Dr Kildaire* was as an example of a doctor character with higher status than nurses. This type of representation is recognised by Buresh and Gordon (1995, p.34) as ‘a heroic medical narrative’, which positions doctors as higher in status and skill than nurses. This narrative also supports Turow’s (2012) claims, that American hospital dramas of the 1950s and 1960s were physician centric, with nurses playing minor subordinate roles.



Participants in Focus Group One acknowledged that this hierarchical relationship, previously portrayed in the media between doctors and nurses, may have changed. By way of example, the group discussed *Casualty* (1986- ), the British hospital drama, and the character, *Charlie*, the charge nurse who is a man. Sarah stated that previously, nurses used to be the doctors' 'arm candy' but now she explained:

*"The relationship between the doctor and the nurse is differently portrayed, I think Charlie is quite powerful"*

She pondered asking the question:

*"Do you think it's because Charlie is a man that he is quite powerful in casualty? I mean, to me he seems more powerful, or is it just that in casualty the nurses are more powerful in their relationships with doctors than they are in other settings?"*

Sarah's initial questions, "*do you think it is because Charlie is a man that he is quite powerful in Casualty?*", suggests that, she is aware that men may be represented in the media as more powerful than women. In a sense, this question is answered by Hallam (2000) when she suggests that *Charlie* has many of the traits assigned to doctors in early hospital dramas.

Lucy replied to Sarah's question by asserting that in her experience as a nurse, nurses alongside doctors are, a "*valued member of that team*". Sarah replied based on her own experience:

*"I've seen a lot of weight throwers in my time on medical wards, they sweep majestically through the double doors"* this, Sarah stated was represented in the media as an imbalance between nurses and doctors.

Lucy replied:

*"That's changed though, I think the reality has changed a bit, not completely but I think in general its changing"*

On further discussion, participants in Focus Group One agreed that, whilst there were changes in the representation of nurses and doctors, they had not gone completely, with women nurses still represented in relation to doctors who are men as less central to the plot, and often background features. This was also articulated by student nurses in Cullen (2012) and Weaver et al's. (2013b) studies.

The assertion from participants that characters, who are women in television hospital dramas, are represented in a less privileged position than doctors, confirm from a nursing perspective the media analysis of Kalisch and Kalisch (1980-2007), Clarke and O'Neill (2001), Dahlborg-Lyckhage and Pilhammar-Anderson (2009), Kelly et al. (2012) and Turow (2012). This media analysis found that relationships between nurses' and doctors' characters in the popular media are hierarchical, with nurses in subordinate positions to doctors. This hierarchy in skill and status between women nurses and doctors who are men identified by participants in this study, can be understood through the work of Walby (1990). Walby (1990) argues that a patriarchal society places a lower value on feminine traits of care and compassion (associated with nursing), and a higher value on masculine traits of skill and logic (associated with doctors).

From a social constructionist position, what participants identify in television hospital drama, is a gendered division. The definition of gender utilised to interpret participants' narrative is taken from Jackson and Scott (2002, p.1), who define gender as "a hierarchical division between women and men embedded in both social institutions and social practices". This is in opposition to an essentialist perspective which would see this division as biologically determined and therefore 'natural'.

Emily stated that the representation of nurses in the media as lower in skill and status than doctors gave the public the impression that:

*"they (doctors) are really important lifesaving people that do all these amazing things"*

For many participants in this study, the media was seen to contribute to how the public view nursing. However, this relationship appears complex, with participants

talking about the public image and the media image of nursing, as if they are indistinguishable. For example, Den, when discussing that nurses are represented in the media as lower in status than doctors, refers directly to the public image rather than an example from the media.

Den asserted, the public think,

*“That nursing is the lesser version of being a doctor”*

that nurses:

*“Walk around and make beds and take temperatures and deal with the medication that the doctors tell us to give, it’s a very incorrect perception”*

and that nurses are:

*“not intelligent enough to get into medicine”*

Many participants in this study explained that contemporary television hospital dramas now focus on personal relationships between characters including doctors and nurses. This supports the work of Jacobs (2003) and Turow (2012), who assert that hospital dramas increasingly focus on personal and intimate relationships between characters. This is believed to be due, in part, to a change in the format of hospital drama from 1980 onwards, to ‘ensemble casting’, rather than as previously was the case, having an emphasis on one character (Turow 2012).

To illustrate this, June explained that hospital drama story lines,

*“have all this romance and stuff”*

In addition, Rachel stated in relation to *Grey’s Anatomy* (2005- ):

*“It’s more to do with personal dramas as opposed to the actual”*

In summary, whilst participants asserted that the handmaiden stereotype had declined in the media, the majority articulated that despite this, nurses in television hospital

dramas are represented as inferior in both status and skill to doctors and that nurses are 'invisible', 'unintelligent', 'subservient' and 'under the control' of doctors who are men. It has been suggested that the handmaiden stereotype, and the claim that representations of nurses as invisible, as a "non-entity" in the media, represent similar ideas about nursing as inferior to doctors (Holloway 1992, p.21). This is due to a hierarchical notion of the profession, relating to gender and the division of labour between women and men (Turow 2012).

Overall, the participants' narrative is consistent with media analysis, research with student nurses, and the literature, which assert that nurse characters in television hospital dramas are 'invisible', playing minor roles to doctors, with their contribution to healthcare, underplayed, (Kalisch and Kalisch 1986; Dahlborg-Lyckhage and Pilhammar-Anderson 2009; Berger 2010; Cullen 2012; McHugh 2012, Turow 2012; Darbyshire 2013; Weaver 2013b).

### **Critical Synthesis**

This theme emerged from participants' descriptions of nurse representations in the media. Overall, these data indicate that the participants' narratives are consistent with previous research, which asserts that nurses are stereotyped in the media as naughty nurses, battleaxes, angels and handmaidens. Alongside nursing stereotypes, participants also identified nurses represented within a 'virtue script' (Gordon and Nelson 2005); with nurses represented as lower in status and skill than doctors and; the representation of nurses as 'invisible' and 'background' features in television hospital dramas. The representations of nurses that participants identify are recognised by Macdonald (1995) and Hallam (2000) as characteristic of myths of femininity.

The identification by participants of nurses represented in the media as 'lovely' 'kind' and 'caring' suggests the presence of a 'virtue script' in the media. This 'virtue script', Gordon and Nelson (2005, p.63) state, bases the presentation of nursing on characteristics such as kindness, caring, compassion, honesty and trustworthiness; attributes which are associated with "good women". This is evident in the stereotyping of nurses as both angels and handmaidens. Whilst nursing, at its

foundation in the 19<sup>th</sup> century, was considered a virtuous and uneducated role (Oakley 1984), this is no longer the ‘reality’ of contemporary nursing practice. Nursing is now an all graduate profession which is diverse, complex and dynamic, requiring simultaneously, knowledge, skill, care and compassion (RCN 2012). As Fealy (2004, p.653) argues, “new nursing” is based on advanced knowledge and clinical competence and the myths of nurses as subservient and ‘good’ are no longer relevant. Therefore, the persistence of representations of nurses as angels and handmaidens dilutes the diversity and complexity of contemporary nursing practice and undermines the skills, including caring, that nurses must acquire through a university education (Gordon and Nelson 2005). There is also a danger that current accusations of poor quality care in the media, and a counter compassionate care discourse within the nursing profession, draws on binary myths of femininity. These myths position nurses as either angelic with no need for education, or demonic if they do not conform to the dominant angel stereotype, for example by providing poor quality care

Alongside identifying the representation of nurses as angels and handmaidens, some participants also identified representation of nurses in the media as ‘high tech’, who they asserted were highly skilled. This ‘high tech’ nurse has not previously been identified by nurse participants in previous research studies and therefore these findings extend previous conceptualisations of nursing stereotypes.

The presence of the highly skilled nurse in the media is contrary to the argument that the media represent nurses primarily as kind, and doctors as highly skilled and technical (Gordon and Nelson 2005, Kalisch et al 1980-2007). Of course, it is also possible that both types of representations circulate in the media. The participants’ perception and emotional response to the representation of nurses in the media as highly skilled is presented and discussed in Chapter Five.

In relation to the assertion by participants that nurses are represented as ‘invisible’ and ‘background’ features in television hospital drama, there is also a claim made in the theoretical literature that community nurses are not visible in the media

(Darbyshire 2013). This, Darbyshire (2013, p.55) asserts, quoting McCoppin and Gardner (1994), provides a “one-dimensional view of nursing” which renders other types of nursing to be “less than” real nursing, restricting, they say, what people think nursing really is. However, this was not highlighted as an issue by the majority of participants in this study. Nonetheless, one respondent alluded to this in an individual interview. Sue, a community nurse, felt that community nurses were not evident in the media apart from in historical dramas like *Call the Midwife* (2012). Whilst this is only one participant’s assertion, it is important to note as no community nurses have previously been asked for their perspective on the media representation of nurses. Whilst I am not generalising from my small sample, this narrative may suggest that community nurses have a different perspective on media representations than student nurses, which may be determined by their occupational role. This suggests that further investigations are required into community nurses’ perceptions of media representations.

One particularly surprising aspect of the nurses’ narrative is that some nurses appear to work with the belief that some stereotypes may reflect some ‘reality’ about nursing. This may indicate that prolonged exposure to nursing stereotypes has influenced nurses’ own understanding of nursing. This has been highlighted as a concern by Darbyshire (2013) and Salvage (2015); however, no previous research with registered nurses has corroborated this. As such, this research confirms Darbyshire’s (2013) theoretical assertions from a nurse perspective. This narrative also suggests that nurses themselves may be complicit in the persistence of nursing stereotypes; as such, this may have implications for the nursing profession.

As stated, I felt surprised and indeed, shocked that some participants’ held a stereotypical understanding of nurses as it challenged my own understanding of nurses. Consequently I was cautious not to let my own assumptions affect my interpretation of participants’ narrative, being careful not to add or take anything away from the narrative. What is demonstrated here is a fusion of horizons, whereby I interpreted the participants’ narrative alongside my own perspective to provide a shared understanding.

This analysis, contrary to previous research with student nurses, also suggests that nurses hold complex and contradictory perceptions of media representations, with participants interpreting representations in a variety of ways, providing contradictory and divergent accounts of media representations. There are two possible explanations for this; firstly, as members of British society, it is likely that participants have had prolonged exposure to nursing stereotypes and, as such, are subject to a plethora of nurse representations, which, similarly to the representations of women are subject to “illogical juxtapositions, lack of continuity, mismatches and apparently random selection of images” (Macdonald 1995, p.5). Secondly, participants appeared to be creating meaning about representation, often changing their minds and contradicting earlier points they had made. This narrative demonstrates a central tenet of social constructionism, which asserts that there is not one version of ‘reality’, nor is ‘reality’ fixed or stable. Indeed, meanings from this perspective are constantly created and adapted through language (Burr 2003).

Whilst McDonald’s (1995) work suggests that women provide a contradictory response to media representations, as far as I am aware the contradictory and paradoxical views of nurses towards media representation has not previously been highlighted through research. This work then provides evidence that nurses hold a more nuanced and complicated perspective than previously identified.

### **Gender, Sexuality and Nursing**

The previous theme acknowledges that participants study identify what the literature recognises as ‘myths of femininity’ in the media. These included nursing stereotypes, and nurses represented in television hospital dramas as ‘invisible’ and background features. The next theme presents the second major way nurses talk about representations, with participants explaining that nurses are represented in the media, predominately as women, and that nurses who are men are represented as ‘gay’. The theme is split into two sub themes, ‘hegemony of women nurses’ and ‘the sexuality of nurses who are men’.

## **Hegemony of Women Nurses**

All participants, both directly and indirectly, suggested that nurses were represented in the media as women. With the majority of participants in this study asserting that nurses are represented in the media predominately as women, and many others identifying only representations of nurses as women in the media.

In Focus Group Four, Dan stated in relation to nurses representations:

*“I think it's women all the time, expect it to be women and it mainly is women”*

David replied:

*“I would agree”*

And Len stated:

*“I mean mainly yeah it would seem more female than male, it is mainly female nurses”*

Many, participants did not directly state that characters, images, and stereotypes of nurses they identified in the media, were women, however the participants' use of gendered language suggested that they were referring to women nurses.

For example, Adam, when referring to nurses in *Holby City* (1999- ) stated:

*“Pretty nurse, blonde hair, blue eyes, slim, big boobs”*

Some other participants directly explained that representations of nurses in the media were predominately women. The following quotes illustrate this:

*“Oh always a woman, yes, always a woman. Jane*

*They all seem sort of female orientated” Rachel*

*“You just see a lot of female nurses in the media, you don't see many male nurses come to think of it” Emily*



Participants' accounts are consistent with previous media analysis, which indicates that the media represents nurses primarily as women (Kalisch and Kalisch 1986; Hallam 2002; Dahlborg-Lyckhage and Pilhammar-Anderson 2009 and McHugh 2012). Of course, this is not surprising considering that 90.6% of registered nurses are women (Nursing and Midwifery Council 2015). However 9.4% of nurses are men, and according to participants narrative in this study, this is not reflected in the popular media (Nursing and Midwifery Council 2015).

Many participants also explained that the image of nurses that they held themselves were also women, wearing white uniforms and hats. For example, Jane, referring to the media commented:

*“The image I have is like an American TV show with a nurse in a white outfit, white dress and a hat with a lot of starched caps”*

This suggests that Jane's image of nursing has been influenced by an outdated representation of nurses reproduced in the media. As argued earlier, in reference to the stereotypical view held by other participants, it is likely that prolonged exposure to nurse representations may result in them being internalised as 'normal' and 'natural', (Dyer 2002) with nurses themselves holding stereotypical notions of the profession.

Much like Jane, Cate, a first year student, articulated that student nurses on her programme of study represented nurses as women:

*“Even in class we had to do a poster of our typical nurse and people came back with just a woman straight away with all the different things around it”*

The participants' narratives suggest that both the media image and indeed the participants' image of nursing, is of a profession exclusively of women. This also suggests that there may be a discourse within society that assumes that nursing is a women's profession. Yet, as previously stated, this is no longer the case with nearly 10% of the profession now men (Nursing and Midwifery Council 2015).

Many participants explained that the representation of nurses in the media as women was due to an outdated image of nursing. For example, Cate, a first year student nurse stated that in the past, nurses were portrayed generally in the media as:

*“Women are the caring ones, kind ones, they cooked cleaned, that kind of stuff”*

Cate’s narrative reflects an academic debate around claims that the media represents nurses as women, and consequently nurses are subject to ‘myths of femininity’ (Muff 1982; Hallam 2002; Darbyshire 2013). Cate explained further in terms of the media and the public image that:

*“It’s always been and always was, women were stereotypically the nurse”*

Whilst the literature acknowledges the gendered nature of stereotypes and participants’ accounts confirm the presence of gendered stereotypes, none of the participants articulated specifically that women nurses were stereotyped as ‘naughty’ because of their gender. However, it was obvious that participants were referring to stereotypes of women in their use of gendered language; ‘bombshell’, ‘big boobs’ ‘lipstick’, ‘stockings’. On exploring further with participants, the possible reasons for the stereotyping of women nurses, only a small minority articulated that this was due to nursing being a women’s profession. Salvage (2015) found something similar when she asked her students, informally, why they thought that nurses were subject to stereotyping. They replied, similar to the participants in this study, that they did not know. It is difficult to explain why this is, though it may be due to what Delacouer (1991) calls the internalisation of stereotypes, whereby nursing stereotypes are considered normal and therefore based on some nursing ‘reality’. This demonstrates the role of gender in the construction of nurses in the media with myths of femininity, which include stereotypes, normalising nursing as a woman’s profession.

Despite the participants’ difficulty in explaining why nurses are stereotyped in certain ways, some participants did indicate a rather sophisticated sense of gender. For example, Rachel in Focus Group Three, asserted that, in the battleaxe stereotype,

*“The nurse is showing more masculine qualities, like perceived to be more masculine qualities that they’re strong and they’re going to get things the way they want them done and that’s kind of seen as negative”*

Rachel is articulating here, issues of gender as applied to nurses. Despite this, later in this focus group when I asked Rachel why she thought nurses were represented in the ways she identified, she was unable to answer. This was similar in many other participants’ accounts, in both interviews and focus groups. An explanation for this may be that participants thought it self-explanatory that nurse representations were governed by gender, or that the participants had not previously given it much thought. This may be why on further exploration, some participants were able to articulate that nurses were stereotyped in particular ways because nursing was considered a women’s profession. For example, when Rachel and Carol were discussing why nurses were represented in particular ways, Rachel and Carol after lengthy discussion decided it was because nursing was a women’s profession. On deciding this Rachel stated:

*“I’ve never even thought about that before”*

As previously discussed, the generation of new knowledge previously unknown to participants, regarding nurse representations, was evident throughout all the interviews and focus groups, with participants often changing their minds or exploring issues they had not considered previously, in light of the discussions.

Whilst most participants did not articulate that nurses were represented in particular ways because of their gender, some participants explained that nurses were seen by the public as inferior to doctors, because they are women. To illustrate this Brian stated:

*“Nursing used to be primarily women but women were always brought back in the day that they were seen as inferior to men and it was mostly male doctors”*

Similarly, Adam, also describing the public image of nursing explained:

*“I think there’s more an idea that actually women are more naturally nurses because they probably have children and look after children and that makes them more natural at being a nurse”*

Adam’s narrative suggests that the public holds gendered views of nursing which relate to society’s expectations of women. These views relate to an essentialist view of the profession, which is based on the belief that there is a natural distinction between women and men, based on biology that deems women’s assumed feminine traits as more suitable to caring and nurturing occupations (Walby 1990). As Jackson and Scott (2002) assert from a feminist perspective, women are associated with feminine traits. These traits are then afforded a lower status than masculine traits in a patriarchal society.

Jane stated in relation to the stereotyping of nurses that, *“if it was a male dominated profession, that wouldn’t have happened”*. Jane’s narrative supports Jackson and Scott’s (2002) position that assumed professions of men are granted more status than ‘so called’ women’s professions. And, Emily explained: *“because historically that’s what nurses were, they were girls, that was the job that a woman would do”*. Emily’s account reflects Walby’s (1990) assertion that women are considered more suited to certain jobs because of their feminine traits.

Marjorie stated that the representation of nurses in the media is due to “inherent sexism” in society, which is applied to nurses, assumed as women. This, she stated, is why a *“good woman equals a good nurse”*.

Marjorie compares the representation of nurses, to the representation of working women, stating:

*“It’s like the discussion you get in the media about women that stay at home and doting on their kids, against women that go out to work, career women are seen as a bad thing”*

Marjorie’s narrative suggests a sophisticated understanding of gender and supports Muff (1982), Hallam (2000) and Darbyshire’s (2013) assertion, that nurse

representations are governed by gender. Surprisingly though, Marjorie had previously expressed a particularly stereotypical view of nursing, asserting that some nurses are 'slovenly' and others are 'naughty'. This, again, may suggest that despite having an informed sense of gender, some participants might still have been influenced by myths of femininity. This is discussed further in Chapter Five.

### **The Sexuality of Nurses Who Are Men**

As noted in the previous theme, when participants described nurses in the popular media, the vast majority of participants identified representations of women nurses. Knowledge about representations of nurses who are men only emerged on further exploration with participants. Men in this study, similarly to women nurses when describing nurses in the media, also provided examples of women nurses. This may be explained by the over saturation of women nurses in the media, even though men now make up 9.4% of British registered nurses (Nursing and Midwifery Council 2015).

The majority of participants, when asked about nurses who are men in the media, articulated that men who are nurses are represented in the media as 'gay'. For example, June stated in reference to representations of men who are nurses that, "*they're gay*". The participants assertion that men who are nurses were represented in the media as gay is also consistent with the student nurses in Cullen's (2012) study who asserted that men who are nurses were represented as 'gay' in television drama. Cullen (2012) stated that, the men who are nurse students in his study were the ones who articulated this. However, in this thesis the majority of participants, both women and men, acknowledged that men that are nurses are stereotyped as 'gay' in the popular media.

Participants' narratives are also consistent with the research of Weaver et al. (2013a), who analysed hospital dramas between 2007 and 2010, finding that men who are nurses were on the whole, represented as "powerless, homosexual or effeminate". In addition, Stanley (2012, p.7) found in an examination of feature films that men who are nurses were represented as "effeminate, homosexuals, homicidal, corrupt or incompetent".

When discussing what men who are nurses looked like in the media, Adam commented:

*“I think they’re quite often probably the stereotypical representation of someone that’s gay probably. So probably fairly muscly with the scrub top quite low so you can see part of their pecs, probably quite short gelled hair, sort of type thing”*

Adam then provided a specific example,

*“The last episodes of I can’t remember if it was Holby City, I think it was Holby City I was like, is everybody in this programme gay?”*

In addition, he continues:

*“All the men were kissing men”*

The assertion by many participants that men who are nurses are represented as gay in the media, supports existing research. This body of work asserts that ‘myths of hegemonic masculinity’ which represent men as strong and technically skilled, as seen in the representation of doctors who are men, does not apply to the representation of nurses who are men (Harding 2007; Stanley 2012; Weaver et al. 2013a). Indeed, it is suggested by Donaldson (1993) that nurses who are men are considered less than masculine on entering a profession which is assumed to be more suited to women. Therefore, men who are nurses are subject to what Connell (2002) calls ‘subordinated masculinities’, a key form of which is homosexuality.

Adam also seemed to suggest that the stereotyping of the men who are nurses as gay, also reflected the ‘reality’ of the situation. However, his narrative is extremely contradictory. Whilst he stated initially that, from his experience of men who are nurses, “probably, 90% of them aren’t (gay)”, he went on to suggest that, “I certainly think there’s a high proportion in the profession”.

Similarly Gail stated:

*“There are actually a lot of gay nurses, males”*

Many other participants commented that, the representation of men who are nurses as gay, was a reflection of ‘reality’, with a smaller number articulating that it was an outdated image, which represented the ‘reality’ of the past.

As Sue stated:

*“it was very much gay men that entered into nursing”*

The participants’ assertion that the representations of men who are nurses as gay, reflects some ‘truth’ about nurses who are men, is similar to the participants’ belief that there is an element of truth within nursing stereotypes. Whilst there will inevitably be men who are nurses who self-identify as gay, there was certainly a tendency for participants in this study to perpetuate the stereotypical notion that all men who are nurses must, indeed, be gay. This was also found in a study by McKinley et al. (2010), who conducted focus groups with 17 3<sup>rd</sup> year student nurses in a Scottish University, finding that participants also characterised men who are nurses as gay.

Adam also articulated why he thought gay men entered the profession, stating that gay men:

*“wanted to care and thinking they’re probably not going to have kids or if they do have kids it’s not going to be as easy for them to have kids, so that’s a way of caring for people. And I don’t know either working with a young gay student nurse recently; I didn’t know whether he was partly fascinated by the whole wanting to be the next sexy guy in the scrubs with the pecs and everything else”*

Adam’s narrative suggests that he has stereotypical notions about both nurses who are men and homosexual men. An explanation for this may be that Adam, after prolonged exposure to male stereotyping and the privileging of hegemonic masculinity, is working within the gendered notion that nurses who are men are considered less than masculine on entering a profession, assumed by essentialists, as more suited to women (Donaldson 1993). Adam’s narrative also relates to Connell’s

(2002) notion that homosexuality is constructed as a 'subordinated masculinity' in a society which privileges hegemonic masculinity.

Similarly, to many participants in this study, when describing representation, Adam suggested that the representation of men who are nurses was changing. He stated:

*"I think maybe it's changing now but I think maybe not necessarily gay but there's something just kind of wrong with them, like why did you go into that profession as a nurse, 'What's wrong with you man?' sort of thing".*

Whilst most participants specifically stated that men who are nurses were represented as gay in the media, apart from an odd exception, very few could give any specific examples from the media. This is difficult to explain, however, it is possible that participants had a general awareness of the stereotype as circulating in general discourse about nurses, and assumed it was in the media, or that they were aware of the stereotype but could not recall any specific examples.

For example, Marjorie, who stated that men who are nurses were represented as gay in the media, when asked to elaborate, was unable to provide any examples,

*"nope not overly, I mean I was always convinced Charlie was, but seriously but no there isn't I don't think"*

Likewise, Joan in Focus Group Two, whilst acknowledging that men who are nurses were represented as gay in the media, when asked to provide examples, stated:

*"I can't think of any. People will say, 'Why do you want to go into nursing? Do you know all male nurses are gay?' but actually I can't think of an overtly gay portrayal of a male nurse actually"*

In reply, Lena stated:

*"Wasn't there somebody in Coronation Street that was a midwife or something? I do remember somebody talking about that. I was talking to the students about it last*



*year and they were saying there was somebody on Coronation Street that was a midwife and he was gay”*

Nevertheless, one participant did provide an example of the representation of a nurse who is a man in the media. The moving clip was from the American movie, *Meet the Parents* (2000), in which Ben Stiller’s character, *Greg Focker*, is a nurse who is a man. The respondent did this to highlight that this nurse character was portrayed as ‘strange’, as it was ‘not normal’ for a man to be a nurse.

The clip shows *Greg Focker* sitting with his girlfriend’s family for the first time when they are discussing his occupation,

Jack Byrnes: *Greg's in medicine too.*

Bob Banks: *What field?*

Greg Focker: *Nursing.*

Bob Banks: *Ha ha ha ha. No, really, what field are you in?*

Greg Focker: *Nursing.*

Whilst it is only one example, this supports Stanley’s (2012) research, which found that men who are nurses are represented ‘negatively’ in film because they have entered an assumed non-masculine profession.

Referring to this clip, some of the men in Focus Group Four articulated that they had been questioned in terms of their occupational choice. For example, David stated that people would ask him “*why aren’t you a doctor?*” Cullen (2012) also found this in her study of student nurses. This was not identified by any other participants. However, some men did articulate that the public often assumed, in a hospital environment, that they were doctors.

For example Adam stated that the public,

*“assume that because you’re a male you’re the doctor or if you’re not the doctor, you’re definitely the charge nurse”*

Many participants, including the participants who are men, seemed rather uninterested in the representation of men who are nurses as ‘gay’, stating that they were used to it and that it did not ‘bother’ them. This was a typical response from the students, who often dismissed the media as ‘just entertainment’. Whilst they could not explain specifically what they meant by this, they seemed to be suggesting that the media as ‘just entertainment’ had no consequence and was unimportant. This narrative is analysed further in Chapter Five when I consider participants’ perception of, and emotional response to, media representations.

In summary, participants’ accounts suggest that the representation of men who are nurses, similarly to representations of women nurses, is governed by gender with nurses who are men stereotyped as gay on entering a profession dominated by women. These findings are consistent with media analysis undertaken by Stanley (2012) and Weaver et al. (2013a) and the assertions of Donaldson (1993) and Harding (2007) who assert that men who are nurses are stereotyped as less than masculine on entering a profession assumed more suited to women.

Participants’ narratives also suggest, as in the previous theme, that some participants may be internalising nursing stereotypes; in this case the stereotyping of men who are nurses as gay. This could be explained by the ability of stereotypes, which are social constructs, to solidify their meaning over time into natural and normal categories.

### **Critical Synthesis**

This theme has presented key factors related to how nurses talk about nurse representations in the media. Participants explained that nurses are represented in the media predominately as women, and are subject to gendered stereotypes, and that nurses who are men are represented as gay. Participants’ narratives are consistent with previous research with student nurses, who identified nurses who are men as gay in the media (Cullen 2012). These findings are also consistent with academic

debate which argues that representations of nurses are governed by gender, with women nurses subject to myths of femininity and men who are nurses, to myths of subordinated masculinity (Muff 1982; Hallam 2000; Harding 2007; Stanley 2012).

In line with academic debate, and my own assumptions, the participants' narrative strongly suggests that representations of nurses are governed by gender. This appears to be related to society's expectations of women and men, and what are assumed appropriate occupational roles. This relates to an essentialist view of the profession, which, it is argued, led to a division of labour between men and women which assumes that there is a natural distinction between women and men, based on biology, that deems women's assumed femininity as more suitable to caring and nurturing occupations, and men to skilled and technical occupations (Oakley 1984; Walby 1990). This division has attributed greater reward and status to roles attributed to men (Oakley 1984 and Walby 1990). This discourse also indicates that men who are nurses are also subject to stereotyping as are women who are nurses. As the representation of men who are nurses in the media is an emerging area of interest further research is indicated to consider the extent to which this is the case.

Again the participants' narratives suggest that some participants appear to be stereotyping nurses who are men as gay, and therefore are themselves reproducing nursing stereotypes, which as the academic literature asserts have consequences for the profession. This may also indicate the need for further research with nurses to establish the extent to which nurses are perpetuating nursing stereotypes and the extent to which this may have implications for the profession. This is covered further in Chapter Five.

As in the previous theme, this analysis indicates that nurses hold a variety of perspectives of nurse representations, interpreting representations in a variety of ways, providing contradictory and divergent accounts of media representations. This demonstrates that participants hold multiple accounts of the 'truth' in regard to representations of nurses in the media which, indeed, is expected from the interpretivist perspective taken in this research.

## **Change and Continuity**

This theme acknowledges the repeated assertion by participants that representations of nurses in the media have changed from an ‘old fashioned’ image of nurses to a more contemporary form, which they describe as a ‘hi tech’ nurses. Alongside this reflecting participants’ narrative discussed in the previous two themes, participants still identified ‘outdated’ representations, stereotypes and ‘inaccuracies’, which rely on gender, within the media and in public opinion. This supports Hallam (2000), Darbyshire (2013) and Price and McGillis Hall’s (2014) assertion, that nurses are still subject to myths of femininity, with stereotypes still reoccurring and persistent in the media and circulating in broader social discourse.

This theme is divided in to two sub themes; the traditional nurse and the modern nurse.

### **The ‘Traditional’ Nurse**

Whilst many participants stated that the representation of nurses in the media had changed, they also articulated that an ‘old fashioned image’ of nursing, and female stereotypes continues to be reproduced in the media and remains part of the public image of nursing.

Joan explained the ‘old fashioned’ image of nurses, explaining that:

*“Invariably they’ve got a red cross and cap”*

And Rachel explained that representations of nurse in the media were:

*“From nursing long ago”*

Rachel explained further:

*“It’s very dated but I think that’s probably how it was back then”*

Reflecting the assertion by many participants, that stereotypes persist in the media, Sarah explained:

*“These things are old British stereotypes in root, in origin”*

She goes on to explain that the public still embrace old nursing stereotypes in seeing:

*“The nurse as not having any credibility and it’s the doctor they want to talk to, they don’t want to talk to the nurse about anything”*

Sarah’s assertion is similar to many other participants who explained that, whilst stereotypes and ‘misrepresentations’ were less evident in the media, the public still referred to them. For example, Amy, a nursing academic, stated that whilst the naughty nurse stereotype was less evident in the media, people still joked about it and dressed up in naughty nurse costumes: *“people still joke about that, you’ll still have people dress up”*

And Carol, in relation to the public’s image of nursing, explained:

*“It’s like an older generation thing. Like they tend to think that doctors are top of the hierarchy”*

Also focussing on the public image of nursing, Lucy brought a photograph from the internet of what she stated was, an *“old fashioned nurse in a hat”*. This representation, she stated, *“is still an image people have in their heads, even the new students”*. Whilst she explained that this may not be an image currently in the media, she believed it is an image that the public have about nursing. On further exploration, she explained that the media was *‘moving on’*, presenting a *“modern nursing”*. However, the public image, she asserted, had not changed, therefore nursing, could not escape the ‘old fashioned’ image of nursing.

Likewise, Jon explained:

*“I think nurses have changed their roles and I think the general public haven’t accepted that yet”*

The belief that the public had ‘misconceptions’ of nursing was a reoccurring issue highlighted by participants throughout the research. This narrative suggests that the public have outdated and inaccurate views of the profession, and this may affect, both recruitment into the profession, and nurses’ subjective sense of self. This reoccurring narrative is analysed in more depth in Chapter Five.

### **The ‘Modern’ Nurse**

As previously highlighted, Lucy explained that the media was now representing a more ‘modern nursing’. Many other participants also acknowledged this, stating that nurses in the media were now represented as ‘high tech’; often they stated, wearing ‘scrubs’.

Identifying this more contemporary representation, Den asserted:

*“Well I could see, like, a nurse with, like, a blue t-shirt on, you know, the scrubs and then, like, the stethoscope. You know, just like what you see on Casualty basically”.*

Despite the assertion that nurse images are more contemporary, participants asserted that ‘traditional’ representations of nurses still occurred alongside these newer images. For example, Catheryn explained that outdated stereotypes exist simultaneously alongside more contemporary representations of nurses in the popular media, stating:

*“You find similar, similar, similar things, there's always somebody in a swimsuit, naughty nurse and I mean there's the whole Madonna whore dichotomy of a nice angel type. But increasingly what there is, is this kind of sexually androgynous person in a scrub suit”.*

The participants’ narratives corroborate Hallam (2000) and Price and McGillis Hall’s (2014) assertion that, outdated stereotypes occur alongside more contemporary representations of nurses in the popular media.

Adam, similar to Cathryn, explained that whilst some older stereotypes are still evident in the media, there is also a more contemporary representation of the nurse. He labels this, the “super nurse”. The following quote reflects this,

*“I think, in particular maybe, on things like Holby City, and stuff, there tends to be the pretty nurse, blonde hair, blue eyes, slim, big boobs and all of the rest of it and the un pretty nurse who is going to be-- The pretty one is usually quite mild mannered and the unpretty one who is maybe a bit bigger or short hair you know and more outspoken. I think they probably still exist in the media and then I think there's the kind of rise of the super nurse that you know with the stethoscope around her neck and all that sort of thing”*

Adam, explains further, that the media represent nurses as,

*“Doing very high tech high flying things”*

and

*“all nurses these days are all terribly clever and terribly well skilled and all this sort of thing when actually there's no basic care represented in the media really”.*

Some participants, including Adam, also asserted that the representation of nurses in the media was too technical and should be focussing on the caring side of nursing. The assertion by some participants that nurses are represented in the media as ‘high tech,’ challenges Gordon and Nelson’s (2005) assertion that nursing is presented within a ‘virtue script’, which represents nurses as low skilled and virtuous. This assertion that the representation of nurses should be more ‘caring’ reflects participants’ perceptions and emotional response to representations and, as such, is analysed more fully in Chapter Five.

No other research with nurses could be found that corresponds with participants’ views of nurses as ‘high tech’; however, research that has analysed nurse representations in the media does suggest that representations have changed, portraying a more confident and assertive practitioner. In particular, Bridges (1990) asserted, over twenty five years ago, that there was evidence of an ‘assertive’ nurse

in the media, and more recently, Stanley (2008) found, evidence of a ‘strong and confident professional’, in film.

Many participants articulated that changes in representations are due to changes in both the nursing profession and in nurse education. This reflects Hallam’s (2002) position that nursing representations have changed due to structural changes in nursing. However, unlike Hallam (2002) the participants did not articulate that changes are also due to changes in the position of women in society.

As Jon stated,

*“Nursing is different, there’s more guys, it’s got more respect, there’s still some little niggly things like people assuming that you’re the doctor or wanting to go and then speak to the doctor and irritations but generally there’s a feeling that it has changed”*

As reflected in previous themes earlier in the chapter, some participants believed that representations contain an element of ‘reality’ about nursing. For example, Marjorie, when discussing how images have changed, asserts that this is, *“because the reality has changed”*

Moreover, Jon explained that the representation of nurses as women has changed because the number of men in nursing has increased: He asserted, *“There are a lot more male nurses out there now”*

And Jane felt that representations had changed because there were changes in nurses’ roles she explained: *“I mean nurses take on a lot more of what doctors used to do nowadays”*

In reference to changes in nurse education, Jane explained:

*“I mean nurses were going back a long time were more or less handmaidens, I mean they didn’t train as nurses as such but now with training and especially more like it’s all degree courses now isn’t it for nurses”*



And Rachel stated: *“There’s a blurring between the sort of doctors and nurse role I think that’s kind of helped us in a way”*

This narrative suggests that the representation of nurses has changed due to the changes in the profession. This is supported by the assertions of Hallam (2000) and Darbyshire (2013) who both assert that representations of nurses have changed because of structural changes within the profession.

Despite most participants acknowledging that the representation of nurses in the media has changed and that there is an identification of ‘modern’ nurse represented in the media, the majority of participants, as can be seen in previous themes, still identified stereotypes of nursing in the media.

### **Critical Synthesis.**

Participants’ assertions are consistent with the academic literature and media analysis presented in Chapter One, which suggests that representations have changed over time in light of changes in nursing practice and the position of women in society (Kalisch and Kalisch 1987; Bridges 1990; Hallam 2000 and Darbyshire 2013). Indeed as stated in the introduction, and throughout this thesis, nursing has undergone profound change over the last thirty years with the development of nursing theory, research and practice. This Ten Hoeve et al (2013, p.296) states, has led to an automatus “theory based and scholarly profession”. However, despite these changes, participants still identify traditional images of nursing practice and nursing stereotypes in the media. Nurses, participants state, are represented as lower in status and skill than doctors and represented as ‘invisible’ and subservient in television hospital dramas. This supports Hallam (2000), Darbyshire (2013) and Price and McGillis Hall’s (2014) assertions that nurses are still subject to myths of femininity, with stereotypes still reoccurring and persistent in the media and circulating in broader social discourse.

Despite some evidence that the media is reproducing images of contemporary nursing practice, the nature and scope of nursing practice is subject to continued academic, media and public debate (Royal College of Nursing 2012; Kennedy et al.

2015). One feature of this debate is the suggestion that care and knowledge are mutually exclusive. It is therefore argued that whilst an 'all graduate' profession may lead to a highly skilled and technical workforce, it is not required for a caring and compassionate profession (Gillett 2012; RCN 2012). This discourse also often draws upon nursing stereotypes that are identified by the participants in this research. For example the angel stereotype which represents nurses as requiring a good heart rather than an education. As Chapter Five presents participants' perceptions of the implications of representations for nursing this debate is discussed further in the next chapter.

Overall, participants described multiple representations, both outdated and more contemporary, which often made their narrative confusing and contradictory. An explanation for this could be that participants have been exposed, over time, to a variety of different representation of nurses across different media. As Hallam (2000, p.6) asserts, representations of nurses "interweave and overlap, sometimes conflicting with and contradicting each other".

## **Conclusion**

This chapter has presented a theoretically informed discussion of three key broad themes identified in nurses' descriptions of representations of nurses in the media: stereotyping and visibility; gender, sexuality and nursing; and change and continuity.

Overall, participants' descriptions of nurse representations in the media are consistent with previous media analyses undertaken by Kalisch et al (1980-2007) and Stanley (2008) and work with student nurses undertaken by Cullen (2012) and Weaver et al. (2013b). This research found that nurses are represented in the media by a number of stereotypes, as lower in status and skill than doctors and as 'invisible' and 'background' features in television hospital dramas. Also, in line with previous research, the participants' narratives suggest that nurses are represented in the media predominately as women, and are subject to gendered stereotypes, which include the stereotyping of men who are nurses as gay (Cullen 2012). This narrative also corroborates Hallam (2000) and Macdonald's (1995) assertion that 'myths of femininity' continue to be reproduced in the media and Weaver et al's (2013a)

assertion that men who are nurses are represented as contrary to hegemonic masculinity. Whilst this chapter illustrated that nurses' accounts of representations are consistent with much of the literature and research, it also provides a more nuanced understanding of nurse representations from British nurses, for the first time, and a broader spectrum of nursing areas than had previously been considered.

Of particular note is the identification of nurses represented as 'kind' 'caring' and 'lovely'. This is described as a 'virtue script' which "sentimentalizes and trivialises the complex skills, including caring skills, nurses must acquire through education and experience" (Gordon and Nelson 2005, p.63). Whilst this virtue script has been identified in the media by Gordon and Nelson (2005) and Price et al (2013) it has not been identified by nurses. Nurses perceptions and emotional response to the representation of nurses as 'kind' 'caring' and 'lovely' is analysed in Chapter Five.

Participants' assertions also reflect the academic debate and media analysis presented in Chapter One, which claims that representations have changed over time (Kalisch and Kalisch 1987; Bridges 1990; Hallam 2000; Darbyshire 2013). What is novel in this research is that some participants assert that nurses are currently represented in a more contemporary form, as 'hi tech'. Despite this assertion, many participants still identify in the media and in social discourse, what the academic literature recognises as myths of femininity. This supports Hallam (2000), Darbyshire (2013) and Price and McGillis Hall's (2014) assertions, that nurses are still subject to myths of femininity, with stereotypes still reoccurring and persistent in the media and circulating in broader social discourse.

The majority of previous research in this field has considered the representation of nurses in film and television. In light of a rise in news stories concerning the poor quality of nursing care and the increasing prevalence of hospital based 'fly on the wall' television programmes a consideration of media other than film and television was required. Therefore all participants were asked to discuss their perception of nurses across the media if they believed it to be relevant. Despite this request the vast majority referred to American and British television hospital drama. However, for the first time, this research provides a nursing perspective on documentaries and

news media. Participants' narratives reveal that different media represent nurses in different ways, with 'reality' documentaries representing nurses in a 'positive' and 'realistic' way and nurses in the news, seen by participants, as primarily 'negative'. This provides a wider conceptualisation of nursing stereotypes than previously considered. This also corroborates the nursing profession's assertion, and my own, that nurses are subject to persistently negative news media coverage regarding the poor quality of nursing care. This highlighting of a shared understanding between myself and the participants demonstrates a fusion of horizons, whereby I comprehended the meaning of the participants' narrative, related to news media coverage, alongside my own understanding of such. The highlighting of my own presuppositions in relation to the participants' assertions also demonstrates reflexivity, providing transparency within the process of interpretation.

Whilst there is an anecdotal suggestion within academic debate that nurses themselves may be implicated in the perpetuation of stereotypes about nurses (Gordon and Nelson 2005 and Price et al. 2013) there is only one study by Jinks and Bradley (2004) which found that newly recruited student nurses have a stereotypical understanding of the profession. This thesis is the first British study with both students and registered nurses that confirms that some nurses do hold a stereotypical understanding of the profession. This stereotyping, by nurses themselves, has implications for the profession, indeed the stereotyping of nurses as angels and naughty nurses undermines both the status and diversity of nursing (Price and McGillis Hall 2014; Salvage 2015). One possible explanation for this is that nurses have been interpolated within wider sociocultural discourses, which include nursing stereotypes, which represent nurses in a hegemonic fashion. This frames and limits the way that nurses understand and talk about the profession.

This chapter also demonstrates that nurses hold both complex and contradictory perspectives on media representations, with participants interpreting representations in a variety of ways, providing often contradictory and divergent accounts of media representations. There are two possible explanations for this, firstly, it is likely that participants have had prolonged exposure to multiple nurse representations across different media, and secondly that we are all capable of holding and expressing

contradictory beliefs which may or may not be counter to the discourses that represent that experience.

The next chapter presents a thematically ordered analysis, and theoretically informed discussion, of nurses' perceptions of, and emotional response to, nurse representations in the popular media in terms of wider implications for the nursing profession and nurses' sense of self.

## **Chapter Five: Nurses' Perceptions of and Emotional Response to Nurse Representations.**

This chapter presents the thematically ordered analysis and theoretically informed discussion of four key themes that relate to nurses' perceptions of, and emotional response to the representations of nurses in the popular media, in terms of wider implications for the nursing profession and nurses' sense of self. The findings are discussed throughout, in the context of previous academic research, and the implications of the findings for the current body of knowledge and contemporary nursing discourse are acknowledged.

Four themes were identified, following the rigorous process of thematic analysis of focus group and interview transcripts. These are 'criticism and approval', 'I'm not bothered', 'representations and recruitment' and 'the public image of nursing'. Sub themes are also presented within the overarching themes; these arose from the analysis and reflect the nuances of each theme.

The four overarching themes, which are discussed in this chapter are, 'Criticism and Approval of Media Representations', this theme relates to how nurses think and feel about nurse representations in the popular media, with participants both approving and criticising representations. "It doesn't bother me", this theme reflects many participants' assertion that the media representation of nurses, particularly in television and film, did not trouble them or affect how they thought or felt about themselves. 'Representations and Recruitment', this theme reflects a mixed and ambivalent response from participants regarding recruitment into the profession, with participants simultaneously asserting that representations would and would not affect recruitment into the profession. 'The Public Image of Nursing', this theme arose from how nurses talk about representation of nurses in the popular media alongside the public image of nursing as if they are indistinguishable; with participants asserting that, the public hold a number of stereotypes and misunderstandings about nursing, which they assert, have consequences for both themselves and the profession.

In the following chapter, I include participants' statements taken from interview and focus group transcripts; these illuminate the themes and sub themes under discussion. To preserve confidentiality, all participants are identified by a pseudonym. The facilitator is identified when necessary, as 'Fac'.

### **Criticism and Approval of Media Representations**

Participants in this study all expressed their perceptions of, and emotional response to, the representation of nurses in the media, articulating both criticism and approval. These accounts were often contradictory, with many participants simultaneously expressing criticism and approval of the same representations.

This theme is split into the following sub themes, which illuminate the finer detail of participants' accounts; 'most negative, some positive', 'anger, irritation, joy and humour' and 'approval of the virtue script'.

#### **'Most Negative, Some Positive' (Lena)**

When identifying images, characters and stereotypes in the media, participants made generalised evaluative judgements of nurse representations, stating that they were either 'good', 'bad', 'negative' or 'positive'. Overall participants explained that media representations were 'negative'. Similarly, nurses explained that representations of nurses in the media were either 'realistic' or 'unrealistic', with the majority of participants claiming that the media representation of nurses was 'unrealistic'.

Whilst some participants, when discussing media representation, referred to a specific genre of media, predominately television hospital drama, most referred to the popular media as a general category. For example, Emily referring generally to the media stated:

*"you get a lot of negative images I think"*

Emily articulated further:

*“I think we see too many bad images”*

June, in relation to the British situation comedy, *Getting On* (2013), explained that:

*“It was kind of like it was the worst nurse you could ever imagine. She was really badly behaved and she was doing all the things that you like, you would think, you know, when you hear media stories about nurses sitting and just eating at a nurse station”*

As discussed in Chapter Four, when referring to the news media the majority of participants articulated that nursing gets a ‘bad press’, indeed the majority of participants believed that the press represented nurses in a ‘negative’ way by drawing attention to bad quality care and nurses convicted of murdering patients. For example, many participants referred to the coverage in the news of ‘evil’ nurses accused of murdering patients, who they stated, were represented in the news as ‘devils’ and ‘evil’.

Emily stated:

*“you do see a lot of bad stories, there’s not very many good ones”*

And Jane articulated that nurses have a ‘bad’ press stating:

*“I’m just trying to think of everything that’s been in the press recently because it’s not been good with all the different things that have been going on recently and nursing has got quite a bad press that way”*

Jon, Emily, Maggie, Jane and Amy asserted:

*“You get a case in the news and the nurse might be jumped upon as the most evil thing ever”*(Jon)

*“You do see a lot of bad stories there’s not very many good ones”*(Emily)

*“I think nursing at the moment has taken a really big hit certainly in the press”*  
(Maggie)



*“They (the news) have to pick the worst story”*(Jane)

*“We don’t hear about the good stories so much, the media portray the bad and that’s taking over”*(Amy)

The assertion that the news media give nursing a ‘bad press’ has previously been highlighted in the academic and professional literature (Royal College of Nursing 2012; Darbyshire 2013; Salvage 2015). However, no previous research could be found which explored nurses’ perceptions of their representation in the news media, so this study then provides a new understanding of nurses’ perceptions of a wider sample of media than previously considered.

As previously stated this narrative may have been influenced by the timing of the data collection, which coincided with the assertion in the press that Colin Norris, a former British nurse, had been wrongly accused of murdering patients, (BBC News 2013; The Telegraph 2015) and reporting of the trial of Vitorino Chaus, a British nurse who was accused of poisoning patients (BBC News 2015).

Despite the majority of participants articulating that the representation of nurses, in the popular media, was ‘negative’, a smaller number of participants considered the media representation of nurses, to be ‘positive’. Ruby, an academic, discussed an image of the recent news footage of the Ebola crisis that referred to a nurse from Scotland who had contracted the virus. Ruby stated that this nurse was represented as a ‘hero’ and she felt that this was a very positive representation:

*“I see that form, being one of the very positive images; gosh nurses are putting their lives on the line to help other people, so there’s a sense of bravery”*

Rachel, referring to the media generally, stated:

*“I think generally it’s not awful”*

And Emily, who had earlier claimed that media representations were negative, stated that:

*“I think the media is showing how hard we work...like the work that we do is difficult and time consuming and we have a lot to do. So I think it does show how much nurses actually work. So it probably does show a better image of nursing”*

This response, contradicts Emily’s view that, “*you get a lot of negative images, I think*”. Emily made this assertion later on in the interview, illustrating that Emily changed her opinion as the interview progressed. This was typical of many other participants who appeared to construct meaning about representations as the discussion progressed. This demonstrates that representations have multiple meanings, which depend on audience negotiation and this interpretation occurs within the individual’s own context (Fiske 2011). This was also illustrated in Chapter Four, with participants interpreting representations in multiple ways, providing complex and contradictory accounts of media representations.

Sue felt that representations were now more positive, stating:

*“Historically it’s different, but now you feel that it’s quite a positive representation generally across the media”*

Similarly to Sue, other participants also felt that the image of nurses in the media had changed from a ‘negative’ to a more ‘positive’ one. Participants’ assertions are in line with Kalisch and Kalisch (1987), Bridges (1990), Hallam (2000) and Darbyshire (2013) who all suggest that representations have changed over time. The assertion from participants that representation has changed was repeated throughout nurses’ descriptions of media representations.

Overall, despite the assertion by some participants that the media representation of nurses has changed and was more ‘positive’, participants, on the whole, articulated that the representation of nurses in popular media was ‘negative’. This finding is consistent with the research of Cullen (2012) and Weaver et al. (2013b), who also found that student nurses describe representations of nurses in television as ‘negative’.

Participants in this study also articulated that the representation of nurses in the media, predominately television hospital drama, was ‘unrealistic’. Such views reflect the student nurses in Hereford (2005), Cullen (2012) and Weaver et al. (2013b) studies, who articulated that nurse characters in television hospital drama, were ‘unrealistic’.

Participants considered representations of nurses in the media to be ‘unrealistic’ if they did not reflect their ‘reality’ of nursing. In addition, if the representation did relate to their experiences of nursing, the more positively they appraised the representation. This is consistent with much of the earlier academic literature in this field which also appraises media representations in terms of their closeness to the ‘reality’ of the nursing situation (Kalisch et al 2007; Bridges 1990).

Jane stated, referring to television hospital drama:

*“I definitely think it’s not realistic, I think it’s going more into their private lives”*

Jane explained further:

*“No I think in these telly programmes everybody is off getting married and having affairs and having children with other people, which in reality I don’t think happens very much”*

And Carol stated in relation to *Grey’s Anatomy* (2005- ) that:

*“I think every time I watch it if I watch it with my mum I’m always like, this is ridiculous. This would never ever happen. Or if it is happening somewhere maybe I should go there”*

There was a general sense from many participants that representations of nurses, particularly in television hospital drama, were unrealistic because television shows were exaggerated and dramatic, fulfilling the purpose of what participants considered the role of entertainment, which was not, they stated, to portray the ‘reality’ of nursing. These accounts corroborate Darbyshire’s (2013) argument that the primary purpose of the media is not to ‘portray’ reality, but to provide entertainment. Indeed,

there was a sense from the participants that television shows had to be entertaining, as the 'reality' of nursing was not exciting.

For example, Len stated that, hospital dramas are:

*"Exaggerated and over the top"*

And Sue, referring to hospital drama: *"It's just a drama, so lots of silly things go on"*

Jane stated:

*"It's extremes isn't it? I mean 95% of all nursing is going to be care of the elderly, it's not going to be exciting and dramatic like it is on TV programmes and going off to Africa to work with people"*

And Jon stated, in relation to nurse characters in *Casualty* (1986- ), *"That's not what they do in real life and that's a bit farfetched"*

And Ben, referring to nurses in American hospital drama: *"They are all beautiful, and people aren't"*

In Focus Group Four Brian explained that the public would not be interested in the 'reality' of nursing, stating:

*"It's all been dramatised quite well because I think there are aspects of nursing that you wouldn't want to see happening every single day but at the same time you can't make telly programmes out of what a nurse is doing every single day, changing catheters and things like that"*

In the same group Den replied: *"yeah because no one would watch it"*

In agreement, Brian responded,

*"Exactly yeah. So there's only a certain way they can portray things that the nurse do. Because nobody is going to be interested in watching, nurse change catheters or anything like that"*

And Marjorie stated:

*“When I do catch Casualty it’s a case of just for goodness sake lets pack into one night what might happen in a whole month” and further “it’s all about the drama”*

And Catheryn:

*“The terrible things that happen in ER in obviously a month wouldn’t happen to anyone in ER in a career”*

Similarly, Ben explained:

*“I suppose it’s something, about most television representations of nurses is drama and I am sure a programme about a day in the life of a district nurse or a ward nurse is not exactly riveting television. It may be good for news clips of how busy people are but the actual ...it all about drama so ...it’s a story line it’s about something or it’s all about the emotional side of things”*

A minority of participants felt that the representations of nurses in the media were realistic. Lucy stated that:

*“People are now seeing a lot more of what reality is”*

As previously discussed in Chapter Four, the majority of participants, both young and old, enjoyed *ER* (1994-2009) stating that, it was a ‘realistic’ representation of nurses. Rachel articulated in relation to *ER* (1994-2009) that,

*“I think it’s much more representative of nurses, like nurses have the knowledge, they have the skill. They do things on their own, their autonomous and they work as part of a team and even the new doctors will come to the nurses for advice because they’ve been there longer. I just think it’s much more representative”*

When referring to ‘reality’ television that represents nurses the majority of participants asserted that, they showed a ‘positive’ and ‘realistic’ impression of nurses. When referring to this genre, the majority of participants referred to, *24 hours in A and E* (2014- ), a Channel 4, ‘fly on the wall’ documentary, which

follows the staff and patients in a busy Accident and Emergency department at St Georges Hospital, London over a 24 hour period. When referring to this documentary, the majority of participants asserted that, it showed a ‘realistic’ impression of nurses. The following quote from Emily illustrates this:

*“I suppose 24 hours in A and E is doing a pretty good job of showing some good healthcare. They’re doing something about it. They’re showing that nurses, doctors, all of that, all work together and do really well”*

Similarly, Maggie stated:

*“The images of nursing that I do think are quite good in the media at the moment are the 24 hours in A and E ones and the fact that they’ve got a good cross section of A and E nursing populations so I think that’s realistic”*

She explained further:

*“24 Hours in A&E one is good because it's got male nurses, it's got older nurses, it's got younger nurses, basically it's got the whole collection as well as all the members of the team. And you do hear what they say and you're able to watch how they come into the cubical and how they introduce themselves to the patients and the families”*

And Sue, a community nurse who had worked in accident and emergency stated that, 24 hours in A and E (2014- ),

*“portrays them (nurses) quite well actually”*

The participants’ perception that *24 hours in A and E* (2014-) is a realistic representation of nursing, suggests that many of the participants in this study are reproducing a naive understanding of the ‘reality’ of ‘reality’ television, as ‘reality’ documentaries are just as structured and selective as fictional television (Kilborn and Izod 1997). Nonetheless, two participants questioned the ‘reality’ of documentaries. For example, Lucy explained that when she has spoken to her colleagues in Accident and Emergency, they criticise *24 hours in A and E* (2014- ) for its inability to accurately portray nursing practice. She stated that, *“were being made to think that’s*

*reality it's not really because it's still packaged in a way". She explained further: "because there's cameras, and we are going to have lots of staff today and do teaching, it's never the bad day"*

Much like Lucy, Adam referred to another documentary, about an Accident and Emergency Department on Channel Five, whose name he could not recall. He stated that it did not represent the 'reality' of nursing practice, because it just portrayed senior nurse practitioners, which he stated, would not give a realistic impression of nursing. Adam stated:

*"If people think they are going to go into nursing to walk about with a stethoscope around their neck listening to people's hearts and all this stuff then they're sadly mistaken"*

In line with previous contributions, on the whole participants' narratives suggest that nurse participants find nurse representations predominately in television hospital drama to be both 'negative and 'unrealistic' (Hereford 2005; Cullen 2012; Weaver et al. 2013b). Whilst participants judge representations in terms of reality, which is a similar preoccupation in the earlier academic literature, participants also corroborate Darbyshire's (2013) assertion that the media is entertainment, and does not set out to represent the 'reality' of nursing.

### **Anger, Irritation, Joy and Humour.**

Reflecting student nurses in Hereford (2005) and Cullen's (2012) studies, participants in this research expressed a number of emotions towards the representation of nurses in the media. Participants expressed anger, irritation, joy and humour; these indicated both disapproval and approval of nurse representations in the media.

Whilst some participants attributed their emotional response to the media generally, many articulated their feelings in relation to specific images or stereotypes. Participants expressed different emotional responses to different images. For example, Lena a nursing academic, expressed her approval of *ER* (1994-2009) which

she enjoyed, but her dislike for *Nurse Jackie* (2009-2015), which she stated “*makes you wince*”, due to the character’s ‘inappropriate’ behaviour.

Amy, referring to *Frankie* (2013), a British drama about a district nursing team, stated:

*“There were bits in it that really made me cringe and I, you, don’t like to be associated with that, a stereotype you are not keen on”*

In relation to television hospital drama, Emily expressed her anger stating:

*“I’m really, really annoyed when I see bad. Because the majority of nurses are caring and lovely people and do a lot of hard work and I don’t think they get appreciated in the media”*

Similarly, Sue, a community nurse, when talking about a recent documentary on district nurses stated:

*“I cringed, absolutely cringed because it’s edited deliberately to look the way it looks, but cringe. Absolutely cringe because they probably cut out the most important bits”*

Consistent with student nurses in Hereford’s (2005) research, participants in this study expressed anger in relation to the sexual stereotyping of women nurses in the popular media. For example, Lena stated:

*“I get cross generally when female nurses are sometimes portrayed as over sexualised and especially, I suppose, in the Carry On Films with the daft uniforms”*

She explained further that:

*“It’s sort of trivialising it a little bit”*

Also referring to sexual stereotyping, Rachel explained:



*“I think it's a bit degrading. It's degrading to our skills set and our knowledge base we require”*

Cate, whilst claiming to be unaffected by naughty nurse costumes, did feel annoyed by the television portrayal of nurses as sexualised, stating: *“I don't think the whole Halloween costume thing bothers me. Like it annoys me on TV when the nurses are quite sexualised”*. It was not clear why Cate was affected by one, but not the other.

The participants' narrative contradicts the assertion discussed in Chapter Four that sexual stereotypes reflected some element of truth about nurses; this again illustrated how participants interpret stereotypes in a variety of ways, providing contradictory and divergent accounts of media representations.

In reference to other types of nurse representations, Sarah stated that *Bernie*, a nurse character in *Getting On* (2013- ), a British comedy ward based drama, was ‘very *disquieting*’, making her feel uncomfortable as the character was represented as *“lazy and idle”*. It is possible that Sarah felt uncomfortable as this is not a representation she felt portrayed the reality of her work or the profession. Many other participants, as previously stated in this chapter, also asserted that representations were either ‘realistic’ or ‘unrealistic’. The nearer to ‘reality’ they thought the representations were, the less annoyed and upset they felt. The following quote from Lucy attests to this:

*“It's upsetting because now I know the reality of the job and it's not what I perceived”*

Lucy went on to explain that she no longer watched hospital drama because it made her feel so upset. This indicates a particularly strong behavioural response to the media. Emma and Catheryn also judged representations in relation to how far they reflected their ‘reality’ of nursing. For example, in relation to television hospital drama, Catheryn explained:

*“It makes me angry and frustrated. And it makes me angry and frustrated that I know there must be a medical advisor or a nursing advisor”*

Similarly, Emily stated:

*"I do get angry when you see bad representation like negative images of nurses I really do. I get upset. I don't know if it's upset or angry. Because it doesn't portray what nurses and care assistants do"*

Many participants also felt annoyed by the representation of nurses as 'background features', with doctors, they asserted, undertaking roles, actually normally undertaken by nurses. For example, Emily discussed the image of a nurse as 'doctor's helper', asserting that she does not like it, because nurses work as part of a team, not as "a wee helper in the background".

And similarly Cate stated:

*"I think we should be recognised for what the nurses do and how they contribute to the whole team and things. I think it is really sad when you watch a programme and it was the doctors that did everything"*

Many women participants, who had previously identified and described representations in television and hospital drama as 'unrealistic' and 'negative', also claimed to get enjoyment out of watching them. For example, Lena, who related her own experience as a nurse to suggest that the drama, *No Angels* (2004-2006), was 'realistic,' stating "I loved the fun and the humour because that was very much what I experienced as well". She explained further:

*"Well we had a pretty damn good time but you worked really hard, you were professional in the ward but off the ward you were totally different and I suppose I quite liked the mix of those two images. And the bit about not holier than thou kind of approach"*

*No Angels* (2004-2006) was previously criticised by some participants for stereotyping nurses as 'naughty'. However, Lena enjoyed it feeling that it reflected what she believed was the 'reality' of some nurses' lives. Despite this, earlier in the focus group, Lena had previously asserted that, "I get cross generally when female nurses are almost sometimes portrayed as over sexualised"

Rachel, Carol and Emily, having previously asserted that television hospital drama represented the nurse as ‘background’ features, with doctors undertaking nurses’ roles, articulated that they loved *Grey’s Anatomy* (2005- ), *House* (2004-2012) and *ER* (1994-2009).

Emily stated in relation to *House* (2004-2012):

*“I just love House”* she explained that this was because *“It’s funny, it’s hilarious”*

Despite this, she had previously asserted that in *House* (2004-2012), the doctors were undertaking nursing procedures, and this she stated, would give the public the impression that nurses *“were just the auxiliaries”*. Similarly, Carol asserted that she loved *Grey’s Anatomy* (1996- ); despite this, she had previously commented that nurses were represented in *Grey’s Anatomy* (1996- ) as subservient to doctors, often appearing in the background only. When reflecting on this later in the focus group, she considered how this might be viewed by the public stating: *“I think it’s a shame for the profession”* because she agreed it is not a good representation of the profession and further *“that’s quite sad actually”*.

These accounts reveal that whilst women participants claim that representations of nurses are ‘unrealistic’ and ‘negative’, they also appear to get enjoyment out of watching them. This reveals a contradiction, which was apparent in many other participants’ narrative, with participants critiquing and simultaneously enjoying the same type of nurse representations. These data are consistent with Macdonald’s (1995) assertion, that women readily criticise representations of women whilst simultaneously approving of them when they are reproduced in the media.

The vast majority of participants expressed their enjoyment of *ER* (1994-2009); this emulates the student nurses in both Hereford (2005) and Cullen’s (2012) research. For example, Jane stated that *ER* (1994-2009) *“was a good TV show”* because nurses were *“more proactive and get involved in things”*

Another participant, Lena stated:

*“I loved ER. If there was a hospital drama that I just loved and for the characters in it but also some strong representation of female nurses and in terms of leadership as well I just thought that was a strong series and I think probably for me was one that jumped out”*

Rachel identified an image of the *Carol Hathaway* and *Dr Carter* characters from *ER* (1994-2009) to Focus Group Three, commenting that she liked *ER* (1994-2009) because it was representative of her image of nursing. She explained:

*“I kind of picked this because I really love ER, it’s not on anymore, but I’m a big fan of it. I think it’s much more representative of nurses, like nurses have the knowledge, they have the skill. They do things on their own, they’re autonomous and they work as part of a team, and even the new doctors will come to nurses for advice because they have been there longer. I just think it much more representative. I think the nurses are viewed much more positively”*

The participants’ narratives support McHugh’s (2012) assertion that nurses are now represented in better roles, as an integral part of the team; *ER* (1994-2009) is one example McHugh (2012) gives of this. Much like Rachel, Catheryn explained: *“my favourite, favourite, favourite programme ever was ER”* Catheryn explained further, that she enjoyed *ER* (1994-2009) because she believed it to be realistic:

*“It was realistic from all points of view. I mean yes you could argue that the terrible things that happen in ER in obviously a month wouldn’t happen to anyone in ER in a career”*

And Catheryn further stated:

*“I mean ER is very Americanised but it does certain things and its camera angles and things you are immediately drawn in and it was very realistic in terms of everything they did”*

Catheryn’s assertion that she was drawn into *ER* (1994-2009) supports Jacob’s (2003) assertion that *ER* (1994-2009), similar to other contemporary hospital dramas, is popular because these dramas are filmed in such a way to provide a sense of

excitement and drama. Surprisingly, further on in the discussion Catheryn explained that that nurses in *ER* (1999-2009) were “*represented not in great ways*” stating that she watched it was “*for the doctors because it’s a programme about doctors*”. In relation to nurses’ representations, she stated that nurses were: “*Cleaning, bitching about each other, playing games, punishing the doctor, waking the doctor up*”

Catheryn, on asserting this, is contradicting her earlier assertion that *ER* (1994-2009), “*was realistic from all points of view*”. As previously stated, this is typical of the contradiction evident in many participants’ narratives on nurse representations in hospital drama, with participants both enjoying and critiquing representations. This may indicate that participants’ meanings of representations evolved as discussions developed, or that participants are confused by the vast array of nurse images, characters and portrayals they have been exposed to throughout their lives. It also suggests, as Frazer (1987) asserts, that nurses just have a variety of ways of talking about representations.

Emily, a student nurse, particularly enjoyed *24 hours in A and E* (2014- ), as opposed to television hospital drama, about which she asserted: “*oh they’re all bad. Except the one that’s on at the moment of channel 4, the A and E one, it’s fabulous, I love it so much*”. Emily enjoyed it because it was ‘realistic’; she based this on her own experience of working in an Accident and Emergency Unit.

In summary, participants’ narratives in this study reflect the findings in Hereford (2005) and Cullen’s (2012) research that found that student nurses expressed a number of emotions relating to the representation of nurses in the media. These included anger, irritation, enjoyment and humour. In addition, because this research has for the first time considered a British nurse perspective and has talked to nurses from a broader spectrum of nursing areas than previously considered, it provides a more nuanced and broader understanding of nurse representations.

The women participants’ narrative also supports Macdonald’s (1995) assertion that women actively enjoy media that they also critique. This also highlights again the contradictory nature of participants’ narrative, with participants often critiquing representations, whilst simultaneously approving of them.

### Approval of the ‘Virtue Script’

As discussed in Chapter Four, many participants asserted that nurses across the media were represented as ‘angelic’, ‘virtuous’ and ‘kind’. This is recognised by Gordon and Nelson (2005, p.63) as a virtue script, which represents nurses based on the characteristics of the ‘good woman’; “kindness, caring, compassion, honesty and trustworthiness”.

This sub theme demonstrates that some participants, firstly, talk about nursing within a ‘virtue script’ and secondly, like the representation of nursing as virtuous. This corroborates, from a nursing perspective, the theoretical assertions of Salvage (1983), Gordon (2005), Darbyshire and Gordon (2005) and Price and McGillis Hall (2014) who all assert that, some nurses approve of persistent stereotypes which concern ‘self-sacrifice’ and ‘virtue’.

Some participants when discussing nurse representations talked about nursing as a ‘kind and caring’ profession. For example, Emily stated: *“the majority of nurses are caring and lovely people”*

And Adam asserted that he liked the representation of nurse as doing the ‘nice things’ like *“holding someone’s hands or bringing a birthday cake”*

This narrative suggests that some nurses do talk about nursing within a virtue script; a possible explanation for this could be that the belief that nursing is a virtuous profession is “so pervasive that nurses themselves believe it” (Gordon and Nelson 2005 p 66). Indeed Price and McGillis Hall (2014, p1506) assert that “nurses often have difficulty describing their practice outside a virtue script and their virtuous attributes are often positioned as their unique contribution and the sole source for professional status respect and esteem”. The danger of talking within this script, which ignores the skill and knowledge required of nursing, is that it is then reproduced by nurses and passed on into general conversation about nurses.

The ‘virtue script’ was also considered by some participants as a ‘positive’ portrayal of nurses. For example Brian, referring to the public opinion of nurses as angels, thought that this gave patients reassurance. He stated:

*“Yeah I think it gives comfort. If people are really vulnerable in hospitals anyway, sometimes belief is a really powerful sort of thing, and if they believe that a nurse is an angel and they make you feel better, sort of thing then yeah. It's amazing how far psychology goes in helping people.”*

Many participants, when asked what they thought of the angel stereotype, also explained that they liked it because it was ‘nice’ to be called an ‘angel’. For example, Marjorie stated, *“it's very warming to be felt as supportive and caring”*

This narrative supports Gordon and Nelson's (2005) assertion that some nurses feel flattered by the angel stereotype.

Other participants, despite a predilection for the ‘angel stereotype’, could see the implications of this stereotype for the profession. For example, despite Jane stating that the ‘angel’ stereotype is:

*“Underestimating nurses and you know they're just nice people who stand at the end of the bed and have work to do”*

And June, in reply to Brian's assertion that the public opinion of nurses as angels gives comfort to patients responded:

*“It might give people really high expectations though, and you just don't have the resources”*

And Adam stated: *“I think there's implications for being perfect”*

And Ruby also stated, that there were consequences of the ‘angel’ stereotype stating:

*“I don't think it's all positive, the angel thing, because it does suggest dependency, patients tend to rely on us and that's not like the modern person (nurse) at all”.*

Rachel and Carol, whilst agreeing that the ‘angel’ stereotype, which represents nurses as faultless is ‘quite nice’, also agreed that it could give the public a high expectation of nurses. As Rachel stated:

*“I think it's a lot of pressure”*

And Carol agreed:

*“It is a lot of pressure”*

I then asked for further elaboration, and Rachel explained:

*“You're human, you make mistakes and I think if you're held up to a higher standard then it's more of a knock if something goes wrong. I don't know if that's the right way to put it but if you're put up on this pedestal and you're knocked down, you're only human anyway, you shouldn't have been on that pedestal in the first place”*

Further, in the discussion Rachel stated:

*“Although we've just said that we are portrayed badly in the media so probably no one has great expectations. However, if you have this-- like an angel, then everyone would be in awe of you or have such high expectations of the care that you are going to receive”*

And Carol replied:

*“I think it's quite nice”*

Rachel responded:

*“Yeah but I don't know if it's attainable”*

The narrative between Carol and Rachel indicates that whilst they had previously stated that the representation of nurses would not give the public high expectations, they thought that the angel stereotype might. However, these expectations, they stated, may be impossible to fulfil. Whilst Rachel and Carol were aware of the



implications of the ‘angel’ stereotype for the profession, they still approved of it and furthermore, thought it might counteract any bad press about nursing.

All these participants’ accounts suggest that, whilst many approve of the representation of nurses as angels, some can also see the implication of this stereotype for the profession. Participants’ narrative corroborates Darbyshire’s (2013) theoretical assertion that, the stereotyping of nurses as angels has implications for the profession, particularly in terms of public expectations. As Darbyshire (2013) asserts, nurses as humans cannot live up to the standards expected of an angel.

Also suggesting approval of the ‘virtue script’, some participants suggested that the media should represent nurses as more ‘caring’, rather than highly skilled and technical, because they felt that the caring aspects of nursing was being ignored. For example Adam, brought a video clip of a Royal College of Nursing marketing campaign to the interview. He stated, in relation to this, that it referred mainly to women nurses. He expressed concern that men who are nurses were not being represented, and if they were, they were represented as ‘high tech’, not as doing the ‘nice things’:

*“Like, anytime someone was holding someone’s hands or bringing a birthday cake or bringing the big flat screen telly with the cartoons for the kids, it was always the woman”*

Adam found this annoying, as he believed that men who are nurses should also be shown as caring. This is similar to other participants, who expressed that nurses should be represented in the media as caring and kind.

As Adam explained, the media represent nurses as *“doing very high tech high flying things”*, and he further explains, *“all nurses these days are all terribly clever and terribly well skilled and all this sort of thing when actually there’s no basic care represented in the media really”*.

Adam, in stating that men who are nurses are represented as ‘high tech’, challenges the empirical and anecdotal literature which indicates that men who are nurses are

subject in the media, to myths of subordinated masculinity which represents them as having feminine traits related to care and compassion, not those related to masculinity associated with skill (Stanley 2012).

Marjorie also asserted that the ‘caring’ and what she called the ‘relationship’ part of nursing, should be represented in the media, as opposed to the ‘hi tech’ representation of nursing. Marjorie explained:

*“Nurses and machines that beep and all that sort of thing and it almost detracts from the relationship aspect of it all though they would probably disagree. They all put a huge emphasis on the practical techno rational skills and they don’t seem to put the same emphasis on learning to love people for who they are and what they are and I think that is missing now but that is just, the personal thing is missing”*

Marjorie, when discussing the need for a greater emphasis on nursing as caring, indicted her own meanings of what she thought nursing should be. She labelled this the “nurseway” explaining that:

*“The ‘nurseway’, well this is my conceptualisation of nursing; my conceptualisation of nursing is very much about relating to people trying to make people life’s the best that it can be for them, in terms of what they want and working with the patient towards a certain goal. So to me that is what nursing’s about, it’s not about being hi tech you know hands on glamorous, not glamorous hands on drama stuff it’s much more about the people the people bit of nursing and understanding people who they are and where they come from”*

In approving of the ‘nice’ and caring aspects of nursing and disproving of nurses represented as “clever and well skilled” there seems to be an assumption by some participants that the two cannot co exist. This finding is consistent with the Willis report (Royal College of Nursing 2012) which claimed that there is a general assumption in society that kindness and care are incompatible with skill and education.

Participants' narrative also corroborates, from a nursing perspective, Salvage's (1983) claim, that nurses approve of the 'angel' stereotype. Nevertheless, whilst some participants liked the 'angel' stereotype, they also explained that there were also implications of being seen as 'an angel'. Overall, participants' narrative indicates that whilst many participants have fallen foul of the pervasiveness of stereotypes, seeing some stereotypes as normal categories, they also have a sophisticated understanding of stereotypes which involves them negotiating the meanings they receive from the media, actively approving and also disapproving of nurse representations.

### **Critical Synthesis**

This theme emerged from participants' perceptions of, and emotional response to, the representation of nurses in the media. Overall, participants' narratives are consistent with previous research, which found that student nurses perceived the representation of nurses in the media as both 'negative' and 'unrealistic' (Hereford 2005; Cullen 2012 and Weaver et al. 2013b). Participants in this study, similar to student nurses in Hereford's (2005) study, also expressed a number of emotions related to the representations of nurses in television hospital drama, including anger, irritation, joy, and humour.

Extending the body of knowledge in this field, this study also supports the theoretical literature, by identifying for the first time through empirical research, that some participants approve of nurses represented within a 'virtue script' (Gordon and Nelson 2005), whilst also disapproving of nurses represented as highly technical and skilled. This narrative supports Price et al's. (2013) assertion that some nurses hold an outdated and stereotypical understanding of the profession as a profession of virtue. This virtue script is damaging to the profession because it ignores the knowledge and expertise required to be a nurse.

Some nurses also feel flattered by the angel stereotype. One way to explain this may be that it is human nature to want approval, and to be seen as a 'good' person, and as nurses have been represented across the media paradoxically, as both supremely

good and extremely evil; it is perhaps of no surprise that nurses prefer the more 'positive' representation.

Illustrating this, Jane asserted that:

*"I mean it's not a bad image, I'd prefer it to be that than an old battleaxe"*

Another possible explanation for why nurses approve of the virtue script may be understood through the assertions of Gordon and Nelson (1995), who argue that the construction of nursing as a virtuous profession is an important source of nurses' status. As Gordon and Nelson (1995, p 67), assert historically nurses have been "deprived of status and respect" in comparison to doctors, therefore it is possible that notions of altruism and devotion have been highlighted by nurses to gain social respect.

In approving of a 'virtue script' and disproving of the representation of nurses as 'hi tech', there seems to be an assumption from some participants that caring and knowledge are mutually exclusive. This narrative is consistent with claims that there is a general assumption in society that kindness and caring are incompatible with skill and education (Royal College of Nursing 2012). The persistence of the gendered stereotyping of nurse as angels and handmaidens who are in need of no education, only virtue, supports this discourse. The assumption that caring and knowledge are mutually exclusive I consider an essentialist perspective, which argues that care is a 'natural' talent, biologically predisposed on women not requiring skill or knowledge. This is viewed from my social constructionist position as a gendered division, which places a caring and supportive role on women, and a skilled and technological one on men (Walby 1990; Oakley 1984).

The requirement from participants for a more caring representation in the media could also be understood in the context of an emphasis on the professional requirement in nursing for compassionate practice (Department of Health 2012 and Royal College of Nursing 2012). This has occurred in light of the Francis Report (MSNFT 2013), a commission set up in light of above normal mortality in the Mid Staffordshire NHS Trust, and criticisms in public discourse, including the media,

about the quality of nursing care (Royal College of Nursing 2012; MSNFT 2013). It is possible then that some participants' narrative is influenced by the context of a push within contemporary nursing for a more caring and compassionate profession, and in addition the normalisation of myths of femininity which place a caring, uneducated role on women and a skilled one on men. Likewise it could also be explained by a tendency for the public and nurses to proclaim a 'golden age' of nursing, when nursing was a primarily a vocational and virtuous profession, both compassionate and caring (Gillett 2014)

In approving of a virtue script nurses reinforce only one aspect of nursing, as a caring, kind and virtuous profession, as opposed to nursing as a knowledge based profession, based on evidence based knowledge and skill. This approval of the virtue script by nurse could play some part in explaining its continued reproduction, both in the media, and in wider social conversation. There is also a danger that this discourse supports an argument which has occurred alongside accusations of poor quality care, which asserts that that whilst nursing as an all graduate profession leads to a highly technical; workforce it is not needed for a caring and compassionate profession (Gillett 2012; RCN 2012). This discourse is gendered and reductive and has the potential to greatly undermine nurse education. The nursing profession then in promoting the need for compassionate practice, in light of the Francis report (MSNFT 2013), and accusations of poor quality care, must be careful not to fall foul of a gendered and problematic discourse which undermines nurse education.

As this is the first study with British nurses, it may suggest the need for further work with nurses to explore the extent to which nurses approve of a virtue script. These findings may also indicate the need for nurses to understand the danger of only talking about nursing as 'caring', which can undermine the scientific knowledge, education and skill that is required to be both caring, and a nurse.

This theme demonstrates that participants in this study articulate both criticism and approval of nurse representations they identify in the media. Participants' narrative also illustrates that nurses hold a variety of different perspectives of nurse representations, suggesting that representations do not have a single and unified

meaning, but their meanings are negotiated and contested by nurses within their own personal, social contexts and conceptual tools. This supports the assertions of Hall (1997), who argues that meaning is created within the relationship between the active viewer and the text. This challenges the hypodermic model of the media, which appears to have been adopted in much of the literature (Kalisch and Kalisch 1950-2007; Summers and Summers 2015); this suggests that viewers passively accept meanings inherent in a text (Altheide 1985).

As already argued in Chapter Four, participants also present a confusing narrative, critiquing stereotypes whilst simultaneously enjoying them when they are reproduced in the media. This is consistent with Macdonald's (1995) assertion, that women readily criticise representations of women, whilst simultaneously approving of them, when they are reproduced in the media. The assertion that women criticise their representations whilst also approving them is a central position in Macdonald's (1995) book, *Representing Women*, which suggests that women actively dispel myths of femininity but nonetheless collude with, or enjoy them, when they are reproduced in the media. An explanation for this finding may be, firstly, that women nurses have a variety of ways of talking about representations and, secondly, that nurses have been exposed to myths of femininity throughout their lives and they are therefore considered as normal categories, seen as acceptable, and in this case enjoyable. This does not mean that nurses do not resist the way they are represented; indeed the participants' narratives also reveal that, whilst many participants enjoyed hospital drama, on further exploration, they articulated that there might be some consequences for how these shows represent nurses. As Hallam (2000) asserts, this resistance has meant that certain stereotypes have reduced in importance.

These findings, by considering British nurses for the first time and a broader spectrum of nurses than previously considered, also provide a wider appreciation and more intricate understanding of nurses' perceptions of, and emotional response to, the representation of nurses in the media.

### **‘It Doesn’t Bother Me’**

This theme reflects many participants’ assertion that the media representation of nurses, particularly in television and film, did not trouble them or affect how they thought or felt about themselves. For example, when discussing the stereotyping of men who are nurses as gay, David and Len both stated: *“I’m not bothered”*. The explanation that the majority of participants gave for this lack of concern was that the media was, *‘just entertainment’*. In addition, a smaller number of participants asserted that they were untroubled by representations because they had a strong sense of themselves and their profession.

This theme contains two sub themes; ‘it’s entertainment’ and ‘I just know my own self, my own profession’.

### **‘It’s Entertainment’**

On the whole, when I asked participants if representations they had identified concerned them or affected how they felt about themselves, the majority shrugged their shoulders and raised their eyes stating, *“It’s not real”*, *“It’s entertainment”*, *“It Doesn’t Bother Me”*. For example, when I asked Jane if the representations she had identified in hospital drama concerned her, she replied: *“It’s just TV”*. This statement, given alongside a shrug of the shoulders, seemed to suggest that Jane thought it self-explanatory that television shows would not affect her, or how she felt, as the television was *“just entertainment”*, so not to be taken seriously.

Similarly Rachel and Carol stated they were not troubled by representations because:

*“I see it as an entertainment”* (Rachel)

And Carol asserted:

*“It’s not real life”* (Carol)

Likewise, Ben appeared rather uninterested in the discussion of nursing stereotypes. His body language, in particular, shrugging his shoulders and providing one word

answers, like yes and no indicated his apathy. For example, during a discussion on the stereotyping of men who are nurses as gay he stated: “*It’s just a stereotype*”. From this, he indicated that it had no consequence and was of no importance to him.

Many of the participants also dismissed the representation of nurses in the popular media because, it was entertainment and it just amused them. For example, Len, when describing the representation of nurses in *Scrubs* (2009- ), asserted: “*It’s just funny*”. The participants’ narrative can be understood through the work of Dyer (2002), who stated that part of the meaning of entertainment is its ‘non seriousness’. Indeed, Dyer (2002) asserts that, the term ‘just entertainment’, is used to deny that the entertainment media has any ideological merits.

The assertion that representations did not affect how participants felt about themselves, challenges the existing academic literature, which argues that representations of nurses in the media affect both nurses’ self-concept and self-esteem (Kalisch and Kalisch 1983b; Kalisch and Kalisch 1987; Bridges 1990; Gordon 2005; Summers and Summers 2015). To clarify, the concepts ‘self-esteem’ and ‘self-concept’ are frequently used in this field when referring to participants’ sense of self. In particular, previous theoretical work claims that the media representations of nurses, affects nurses’ self-concept and self-esteem, ultimately affecting how nurses work. Self-concept is defined as how people think about themselves, and self-esteem refers to an evaluation individuals make of themselves (Fletcher 2007; King et al 2009). In this study I explored with nurses how representations made them think and feel about themselves; their subjective sense of self.

The participants’ assertion that they were ‘*not bothered*’ by representations and that they had no effect on their sense of self is surprising, considering that alongside this, they articulated that representations were both ‘unrealistic’ and ‘negative’ and they had expressed a number of profound emotional reactions including, anger and frustration. For example, whilst David stated that the representation of nurses who are men as gay was “*not right*” he also expressed that, “*it doesn’t bother me,*” “*it’s entertainment*”. This conflicting discourse is difficult to explain, however, there are



a number of possible explanations. Firstly, participants' indifference does not have to directly relate to their sense of self and secondly, because participants were articulating that the media was *'just entertainment'*, they were therefore asserting that it was not serious and therefore was of no consequence. Therefore, participants may have been reluctant to admit that the media had affected how they felt about themselves as this would seem rather stupid, based on their assessment of the popular media as *"not real"*.

This sub theme, again, reveals that participants have a number of ways of talking about representations and these are often complex and contradictory. The assertion that the media is *"just entertainment"* has not been identified previously in empirical research with nurses. Indeed, previous studies indicate that student nurses express disappointment with representations, stating that they should be of concern to the nursing profession (Hereford 2005; Cullen 2012). This study, then, provides an original understanding of how nurses make sense of representations of nurses in the media. This study also provides, for the first time, data which suggests that representations of nurses in the media does not affect nurses' 'sense of self'. This challenges existing theoretical debate which claims that representations affect both nurses' self-concept and self-esteem (Kalisch and Kalisch 1983b; Kalisch and Kalisch 1987; Bridges 1990; Gordon 2005; Salvage 2006; Summers and Summers 2015).

### **"I Just Know My Own Self, My Own Profession"**

This sub theme reflects some participants' assertion that the media representation of nurses, particularly in television and film, did not trouble them or affect how they thought or felt about themselves, because they had a strong sense of themselves and their profession.

A number of participants displayed a positive sense of their profession. The following quote from Len reflects this:

*"You're interacting with people and making people better and knowing within yourself that you've done that. I think that's a very rewarding job and very*

*worthwhile, and also a bonus of it is that there's so many things you can do with it. You can specialise with it as well so it opens up a lot of opportunities”*

Participants positive sense of the profession came across throughout discussions, and in particular when participants asserted that they were unaffected by the representation of nurses in the media. Rachel and Carol, talked very confidently about their training and their profession. Whilst they were very clear about the inadequacies in the representation of nurses in the media, which they stated made them feel ‘*irritated*’, they also articulated that representations had no effect on their sense of self, or indeed their enjoyment of hospital dramas.

As Rachel stated:

*“I'm proud to be training to be a nurse and I think that I'd really want that to reflect and people that are coming in to be like 'I really want this. This is what I want' and not to be like I'm looking for an easy life or I think that's kind of important so maybe the perceptions need to be changed but I don't know how you would change them. I think it's a very complex thing trying to reach all of these people. So thinking that they've had for all their life”*

This work emulates Morris-Thompson et al’s. (2011, p.688) research, with 22 nurses working in the South of England, which found a “strong sense of fulfilment from nurses” and Price et al. (2013, p310) who found that Canadian nurses had a strong self-concept and a positive sense of nursing, describing it as “noble, rewarding, secure and diverse”. This positive sense of the profession also appeared to counteract negative media representations and public opinion. For example, Sue had a very positive sense of her job, but also felt that she was unaffected by representations because of the type of person she was.

Sue explained:

*“Drama doesn’t worry me overly, and I don’t feel I have to justify my profession to be honest. I didn’t really feel I need to, because I know what I do”*

Sue explained further:

*“I don’t get excited with these things I really don’t. And I just know my own self, my own profession”*

This is similar to Cullen’s (2012, p.105) research, which discovered that student nurses had “remarkable resiliency” regarding the profession, with the media having no effect on their professional self-concept. As Cullen (2012, p.119) writes, “entertainment television images of nursing had little or no impact on the students’ ideas about nursing, instead the participants filtered entertainment television images of nursing through the values and ideas they already had about nurses”.

Much like Sue, Marjorie stated that she was unaffected by the media and public image of nursing, due to her experience and age stating that:

*“Because I am more mature and the life I have led and life experience, because it’s about that confidence in me as a person not me as a nurse. I am much more secure in my persona of me”*

Similarly, Ben stated:

*“Maybe as a more mature audience, I don’t give a hoot about the stereotypes”*

And he explained further:

*“If I did have these concerns I would have probably left a long time ago”*

Three participants stated that a negative portrayal of nurses made them want to try harder to prove the images wrong. This assertion has not been identified in previous empirical research, and stands in direct opposition to the claim in the theoretical literature that media representations have a negative effect on nurses’ self-concept/esteem (Kalisch and Kalisch 1983a; Salvage 2006; Kalisch et al. 2007; Darbyshire and Gordon 2005; Summers and Summers 2015). Indeed, what this narrative appears to suggest is that nurses work harder to prove the ‘negative’ images wrong.

By way of an example, Emily stated that a negative portrayal of nurses:

*“Makes me want to be a nurse even more half the time”*

And explaining further,

*“Yeah I like to do it better. I like to prove to people”*

In essence, some nurses in this study had both a positive sense of their profession and themselves. This seemed to play some part in their assessment of the representation of nurses in the media. Whilst participants displayed a number of emotional responses to media representations, they did not feel that the images they identified affected their sense of self, because they felt confident both in themselves and in their profession.

### **Critical Synthesis**

This theme reflects many participants’ assertions that the media representation of nurses, particularly in television and film, did not trouble them or affect how they thought or felt about themselves. In addition participants revealed a positive sense of themselves and their profession which seemed to counteract the effects of stereotypical representations.

The theoretical literature in this area asserts that the media representations of nurses affects nurses’ self-concept and self-esteem, ultimately affecting how nurses work (Kalisch and Kalisch 1983b; Kalisch and Kalisch 1987; Bridges 1990; Gordon 2005; Salvage 2006; Summers and Summers 2015). However this study, in asking nurses for the first time how representations affect their sense of self, challenge these assumptions by finding that the majority of participants claim to be unaffected by the representation of nurses in the media. If nurses are unconcerned by stereotypical representations, which are considered by the profession to overlook nurses real contribution to healthcare, and ignore the diversity of nursing practice (Darbyshire 2013; Scottish Executive 2006), then it is unlikely that nurses will challenge these representations.

One unexpected finding in this research is that some nurses claim that negative representations motivate them to work even harder to invalidate the negative images

of the profession. This suggests that nurses are provoked by representations, but not in the way suggested in previous literature, which argues that, nurses' self-esteem and concept is affected by media representations. As this finding is new, and not previously identified in research with nurses, it provides an added dimension to previous work in this area.

Again, this theme demonstrates that nurses hold complex and contradictory perceptions of media representations, with many participants' asserting that they were untroubled by representations, simultaneously expressing a number of profound emotional reactions. This contradictory narrative has not been identified previously in the research literature and it suggests that a more complicated relationship exists between nurses and their representation in the media.

### **Representations and Recruitment**

This theme reflects a mixed and contradictory response from participants, when referring to the implication of representations of nurses in the media for recruitment into the profession. Whilst many participants in this study asserted that the representation of nurses in the media would not affect the recruitment of nurses into the profession, many others explained that it would affect the public opinion of nursing. In addition, some participants, who had asserted that the media would not affect recruitment, conversely explained, when relating to specific media portrayals, that the media could have an effect on recruitment into the profession.

When asked if they thought the representation they had identified would affect recruitment into the profession, most participants answered "*no*". When asked for further elaboration, many participants, shrugged their shoulders and raised their eyes stating, "*it's not real*", "*it's entertainment*". For example, Joan, when stating that television representations would not affect recruitment stated: "*It's about what makes good entertainment isn't it?*"

Many participants found it amusing that representations could affect recruitment. For example, when Lucy explained that she had joined the profession due to the portrayal of nurses in the British drama *Casualty* (1986- ), many participants in the

focus group laughed, to which Lucy responded, *“no, seriously”*. An explanation for this may be that the participants considered that the media is *“just entertainment”*, so not to be taken seriously, therefore the idea that someone would choose the profession in light of representations of nursing in the media, seemed absurd to the participants.

Carol and Rachel both asserted that the media would not affect recruitment into the profession, referring to the media generally they stated:

*“I don't think it would affect recruitment”* (Rachel).

In reply Carol stated: *“I'd like to believe that it doesn't”* (Carol).

Despite this, Carol and Rachel talked at length about how television hospital drama could affect the public image of the profession, and consequently recruitment into the profession. This was typical of the contradiction evident in many participants' narrative as related to representations and the consequences for recruitment into the profession.

Rachel stated that the public would get the impression from the media that nursing was *“an easy life”* and Carol agreed *“Yeah an easy life”*

Rachel then added:

*“I think, if I was going to become a nurse and I watched this show, I'd be like 'What do you do?' I'd much rather be a doctor, much more interesting”*

Much like Rachel and Carol, and despite articulating that the media would not affect recruitment, many other participants articulated that the media gave an inaccurate portrayal of nursing, and consequently this would affect recruitment into the profession. This reflects the findings of Hereford (2005), Cullen (2012) and Weaver et al. (2013b) who found that student nurses believed that representations of nurses in the media would affect the public opinion of nursing which, in turn, may affect recruitment into the profession. It also corroborates the literature which asserts that the media give an inaccurate picture of nursing, which affects who comes into the

profession (Kalisch et al. 2007; Buresh and Gordon 2013; Darbyshire 2013; Summers and Summers 2015).

When considering if nurse representations across the media had an effect on recruitment, Joan stated:

*“I think they do. And the other thing they come into, not just nursing, medical things is because of the rise in the kind of pathology on the telly as well. So it definitely does influence”*

More explicitly, Jon stated, in relation to the representation of nurses in hospital drama, that the public believe media representations, stating:

*“Probably with the general public. Just a lot of shows like that and soaps can change a whole nation’s attitude and perception of what’s going on out there”*

Like Jon, other participants were also clear that the public ‘believed’ that the way nurses were represented on the television, reflected the ‘reality’ of nursing.

Catheryn stated:

*“I do think sometimes; people believe what they see on the TV. I know that if you were to ask 100 people they’re unlikely to say that they think Holby City is a documentary. Do I think that they have some faith in it? I think sometimes people think it’s almost quite realistic”*

And similarly, Jon, in relation to television hospital drama and film, stated that:

*“Probably some people who accept it as gospel”*

And Jane, in reference to television hospital drama stated:

*“Probably. I think there’s a small percentage of people in this world who watch these things and think that’s what it’s like.”*

And Maggie, referring to the public believing the stereotyping of men who are nurses in the media as gay, stated:

*“They're not sophisticated, when looking at the programmes they're not looking for anything more complex or more difficult to portray, it's convenient to just pick that up and run with it”*

This narrative suggests that participants consider the public to passively accept the representation of nurses in the media, as if it reflects some truth about nursing. The participants can be seen to be making an assumption about the impact that the media has on the public. These assumptions reflect the premise of media effects theory, which suggests that audiences are passively absorbing, and are easily influenced by the media (Altheide 1985). This simplistic notion of the media has also been accepted within much of the academic literature in this field, despite more contemporary media theory, which contends that audiences actively negotiate and contest meanings reproduced in the media (Hall 1997).

Many participants articulated that there were a number of antecedents which influenced their decision to enter the profession. Of these, the majority did not think the media had affected their decision.

For example, Rachel believed that influences other than the media, had affected her decision to enter the profession. She stated:

*“My family is in nursing, my mum's a nurse so I kind of know what they do”*

She explained further, in relation to the public's image that, if the public didn't have a similar experience of nursing, the public might believe the television portrayal of nurses. She stated:

*“If someone didn't have the knowledge base, then maybe. You just think oh you just tip the toilet and do washing that's it”*

Much like Rachel, other participants also explained that they had come into nursing because they had relatives and friends who were nurses. This supports previous



research, that indicates that people come into the profession for a variety of reasons, and amongst these are the influence of significant others (Price 2009; Eley et al. 2012).

This is illustrated by Sarah, a nurse lecturer, who was unsure if the media would affect recruitment to the profession. She stated:

*“It would be interesting to look at personal statements of potential applicants. I think it would say that quite a few of them come in to nursing because they have nursing relative or parent and that they want and another reason is they have been ill themselves and have been nursed”*

Amy, in the same focus group responded:

*“And have had experience of caring a lot of them mention that don’t they”*

Marjorie talked at length about her reasons for joining the profession, although she remained unclear as to any specific influence, apart from fictional novels about nursing. Despite her stating, that her grandmother was a nurse, she felt that this had not affected her decision to enter the profession.

*“There is no history of nursing in my family at all, not at all apart from my Grandmother who was sort of a ward nurse in 1908 or something which I don’t think quite counts, and lasted a day so em so there was that bit well she didn’t actually last that long in nursing. So I, why nursing, I suppose I always had been interested in people and when I was a youngish teenager I used to help my mom and there was an old lady down the road who had an op and mum went in sort of to do shopping and things, to help and then and then when she was getting well again I carried on with that sort of relationship of supporting. She was quite lonely and that sort of thing and I think it must have come from there really em. I didn’t, we didn’t have television in our family either at least until quite late on in my life so television didn’t appear in my formative years at all so, (laughing) the only thing it might come from I think is I read there were books called Cherry Ames something nurse that are this*

*sort of thing and that is the only thing I can think of that maybe made me think I ought to be a nurse”*

It appears then, that whilst Marjorie asserted that there was “*no history of nursing in my family at all*”, she appears to have been influenced by the care her mother took over a neighbour, and the *Cherry Ames* books.

Lucy was the only participant who directly attributed the media to her decision to become a nurse. Lucy explained that the representation of nurses in *Casualty* (1986- ) was directly responsible for her joining the profession. Lucy, referring to a photograph of *Charlie*, the charge nurse from *Casualty* (1986- ), which she had bought to the focus group, stated:

*“As sad as this probably is to admit I would probably would not be a nurse if it wasn’t for TV and the impact”*

Group: *Everyone laughing*

Lucy responded,

*“No seriously I don’t have any nurses in the family I used to really enjoy watching things like Casualty or Where the Heart Is on Sunday night and that had a real impact on you know my perceptions of what that career would be like”*

Sarah, who was previously unsure about the effect of the media agreed with Lucy stating:

*“I think you are not the only one, I think our students come in with those ideas about what nursing’s about”*

Lucy and Sarah’s narratives reflect the findings of Hereford (2005) and Weaver et al. (2013b), who also found that many student nurses had joined the profession due to nurse representations in television and film. However, such an assertion was only articulated by two of the participants in this study, whilst in Hereford (2005) and

Weaver et al's. (2013b) study the majority of participants claimed that the media had an effect on their decision to join the profession.

## **Critical Synthesis**

Participants offered mixed, contradictory and confusing narratives concerning the implications of media representations on recruitment into the nursing profession. Some participants challenge previous theoretical literature in this field, in stating that the media would not affect recruitment into the profession (Gordon 2005; Kalisch et al. 2007; Darbyshire 2013 and Summers and Summers 2015). Other participants, in equal measure, asserted that the media would affect the public opinion of nursing, which in turn, may affect recruitment into the profession. These data reflect the student nurses' narratives in Hereford (2005), Cullen (2012) and Weaver et al's. (2013b) studies, who all stated that nurse representations would affect recruitment into the profession. Moreover, some participants, whilst asserting that the media would not affect recruitment into the profession, simultaneously noted that specific media portrayals could have an effect on recruitment into the profession. In addition, some of the participants acknowledged that media representation of nurses may have played some part in their decision to enter the profession.

Some participants also argued that the public 'believe' the representation of nurses in the media. This is contrary to their own assertion that the media is 'only entertainment', therefore, of no consequence to them. Nonetheless, as illustrated in Chapter Four, some participants themselves acknowledged some 'truth' in nursing representations, often working within a stereotypical understanding of the profession, indicating that prolonged exposure to nursing stereotypes may have influenced their own understanding of nursing. Overall, this theme demonstrates that nurses hold a more ambivalent sense of media representations than previously identified in empirical research.

## **The Public Image of Nurses and Nursing**

This theme arose from how nurses talk about representations of nurses in the popular media, alongside the public image of nursing as if they are indistinguishable. Participants, when discussing media representations as stereotypical and inaccurate, also simultaneously expressed that the public hold a number of stereotypes and

‘misunderstandings’ about nursing, which may affect both themselves and the profession.

For example, when discussing the stereotyping of men who are nurses in the media, Brian referred instead to the public image:

*“It's just a stereotype and people throw it about. Like when I was telling people I got on the course everyone was like 'You know though that all of the guys are going to be gay' I'm like 'And if they are it doesn't bother me, what's the big deal?’”*

Similarly, Sarah in a discussion concerning the stereotyping of men who are nurses as gay in the media, commented:

*“It brings out peoples’ inner homophobe looked after by men who are nurses because it disturbs their sense of females as nurturing, mothering, female figure and they can’t cope with it very well”*

And directly referring to the public image of nursing, whilst discussing the media representation of nurses, Emily commented:

*“They don't think nurses need that knowledge but they do. They need a huge amount of knowledge on lots of different things”*

This narrative reveals that participants when discussing media representations as stereotypical and ‘inaccurate’ also express that the public holds a number of stereotypes and misunderstandings about nursing. This is consistent with the findings of Takase et al. (2006), who found that nurses have a negative perception of the public image of nursing. The participants’ narrative also corroborates the assertions of Morris-Thompson et al. (2011), who argued that the public do hold a number of stereotypes and ‘misconception’ about nursing.

When most participants talked about stereotypes, their narrative suggested that they considered stereotypes to be circulating throughout society, rather than confined to the media, with many participants asserting that stereotypes of nursing were part of the public image of nursing. For example, Kim stated:

*“That’s what they (public) think nurse look like”*

In addition some participants, whilst asserting that nurses were represented in the media by a number of stereotypes, could not actually identify any specific examples from the media. For example, when I asked Adam to identify an example of the handmaiden stereotype he had identified in the media he stated:

*“It’s just an impression I have in my head”*

This is difficult to explain, however, it is possible that participants had a general awareness of the stereotype as circulating in general discourse about nurses and assumed it was in the media or that they were aware of the stereotype but could not recall any specific examples.

This blurring by participants of nurses’ media image with the public image, supports the assertion in the literature that the media forms part of a broader social discourse about nursing (Holloway 1992; Hallam 2000; Darbyshire 2013). The participants’ narratives also supports Branston and Stafford’s (2006; p.161) assertion, that the media “fold into everyday life” with the media constituting only one aspect of a nursing discourse, that determines the public understanding of nursing (Holloway 1992; Ten Hoeve et al. 2014;).

There was a general feeling from many participants that the public did not know what nurses did, considering them lower in status and skill than doctors. This reflects the findings of both Takase et al. (2006) and Morris-Thompson et al. (2011), who also found that nurses believed that the public had a low opinion of the profession. For example, Jon stated:

*“Some people still don’t respect the role”*

Brian also stated, that the public are unclear about nurses’ roles:

*“People are misconstrued about the idea of nurses. They still believe that nurses run about under doctors’ orders 24/7 like ‘Go and do this, go and do that’ but it’s not like*

*that. It's completely different. And I think people kind of realise that the evolution of the course of the profession and they just stick with stereotypes”*

Brian articulated further, that doctors look down on nurses, stating:

*“But doctors do and will look down on nurses. They believe they are qualified and their opinion counts for more”*

He explained further:

*“I think it's just something you're prepared for”*

Brian asserts here that the perception that doctors have of nurses is expected, indicating that he assumes that he is going to be treated in a certain way. This, he articulated did not concern him, as he expected it and he was aware of doctors and the public ‘misconceptions’ of nursing.

Some participants also indicated that the public opinion of nurses was drawn, in part, from the media representation. For example, Emily stated:

*“I don't think the public see a realistic nursing like image. I don't think they really get what nurses do. I don't think some people understand what nurses do sometimes through what has been portrayed in the media”*

Similarly, Catheryn asserted, that the way the media represents nurses, affects the public opinion, which she stated is:

*“Deeply flawed. I still think the media often tries to present the picture of they don't need to be terribly smart they just need to be a lovely girl”*

Lena, when discussing the representation of nurses as “over sexualised and especially I suppose in Carry On Films” stated, “that's the image people see and remember”. In stating this, Lena reflects Kalisch et al's. (2007) assertion, that stereotypes of nursing after prolonged exposure may become part of the public imagination.

Many participants also articulated that the media do not give an accurate portrayal of nursing and consequently the public would have an inaccurate perception of the profession. For example, Marjorie stated in reference to the media that:

*“I don’t think they do give the fuller picture partly because they haven’t got time especially in the news media as they are just doing this sound bite stuff, now em and certainly I think in the hospital drama stuff there is nothing dramatic about getting to know a patient and being caring whereas lots of dramatic about you know someone coming in and needing an arrest trolley and lots of drama and can see why it happens that way but its I don’t think it reflects the real world and I think well from my perspective I think that is why sometimes students don’t really understand what nursing is really about”*

Some participants also explained that media representation of nurses might affect the public’s expectations of nurses. As Lucy asserted from personal experience:

*“You know it comes to the challenge I have in practice is often that are peoples/patients expectations and what is realistic and there are we have to split the media in to two separate things there is the media kind of the television, the made up fictional side of things and then there is the reality and I think quite often the public and patients get these confused, there is blurring there and their expectations I think are influenced by those different sources of the media and what’s happening to them in an a and e department”*

As argued previously in this chapter, no participants asserted that the representation of nurses in the media affected how they felt or thought about themselves. However, when referring to the public image of nursing, some participants did imply that the public perception of nursing might affect their sense of self. For example,

Jane stated that her sister-in-law’s perception of nurses’ roles, made her feel ‘undermined’, she explained:

*“My sister in law once handed me a bunch of flowers and asked me to arrange them in a flower pot something and I kind of looked and went ‘okay I could put them in a*



*vase of water' and she was like 'for God sake you're a nurse, you should know about that'. And I remember being upset about that because I was like that isn't my job, you know faffing flowers"*

Jon also suggested that a public image of nurses as 'naughty', could affect how nurses felt about themselves. Jon stated: *"Going back a few years you'd see the occasional hen night and you'd see a woman out dressed like that and I don't know if they are nurses or not, you would hope they're not. But yeah that still goes on. Females obviously quite happy sometimes to go along with that if they're happy to dress up like that on a hen night there not appreciating how damaging it could be to someone who works in that profession. Thinking it not only demoralises them but it kind of makes them feel small I imagine and disheartened"*

Jon expressed the belief that, nurse fancy dress costumes undermined nursing and the expertise required. However, whilst women participants did express a number of emotional responses to the sexual stereotyping of nurses, including feeling undermined, on the whole many expressed that these stereotypes did not bother them.

The public image of nursing, some participants articulated, also affected their own behaviour, the public's expectations on entering the profession and the recruitment of men into the profession. These narratives are reflected in the next three sub themes, 'I'm an accountant', 'shock' and 'male nurses are gay'.

### **"I'm an Accountant"**

This sub theme reflects some participants' assertions that the public image of nursing had affected their social behaviour in the past; in particular some women participants had concealed their occupation, in the belief that the public perceived nurses as sexually available and 'easy'. For example Sue stated, in relation to social occasions:

*"We just decided then that we were not going to be nurses when we went out"*

She explained further, *“I was a quantity surveyor when I went out”* on explaining why she did this, Sue stated, because there is a stereotype that nurses are *“free and easy”*.

Sue, despite changing her behaviour, stated that she didn't see this as an issue, stating:

*“That was the time and you just accepted it”*

Much like Sue, Catheryn also asserted that:

*“You know sometimes when you were out I didn't ever used to say I was a nurse”*

In explaining why she did this, Catheryn stated:

*“that was always kind of in a pub 'Oh you're a nurse, will you bed bath me and all that”*

Both Sue and Catheryn had previously appeared to have a heightened sense of self and their profession and, thus, claimed to be unaffected by the representations of nurses in the media. Nevertheless, they were affected by the public's opinion of nurses, to such an extent, that they had to conceal their occupation. This seemed to be because they did not want people to make assumptions about them. There is no similar research that has identified that nurses conceal their occupation when out socially, however Price and McGillis Hall's (2014) found through empirical research that potential nursing students were aware of sexual stereotyping and felt that their choice to become a nurse may be met with sexist remarks and jokes. Similarly, Darbyshire (2013) claimed that nurses who are women, on revealing their occupation on social occasions, would be met with 'knowing grins' from men. Thus, the men were indicating to the nurse that there was an understanding between them that nurses were sexually available.

The participants experiences also reflects my own discomfort when on social occasions, after informing men of my occupation, I was met with a barrage of jokes about my sexual appetite. This made me feel demoralised and embarrassed

consequently I concealed my occupation on several social occasions. Whilst at times in this research I have been aware that I hold different perspectives to the participants, this was one time I felt a real sense of shared experience and affinity with the participants’.

## **Shock**

Many participants in this study stated, firstly, that the public may be shocked coming into the profession if they expected it to reflect the public opinion and media image of nursing. They also asserted that they too were shocked on entering the profession as it was not what they had expected. This narrative reflects the findings of Brodie et al. (2004) and Price et al. (2013), who found that student nurses were shocked when commencing nurse training, at both the academic content involved, and skill and knowledge required of nurses.

Illustrating this, Catheryn explained that the media:

*“Present this picture of they (nurses) don’t need to be terribly smart, they just need to be lovely”*

And this, Catheryn explained, would lead to students being surprised at the academic level expected when they commenced University.

Similar to Catheryn, Rachel stated that if students believed that nurses represented in *Grey’s Anatomy* (2005- ) were a true reflection of the ‘reality’ of nursing, then they would be shocked on joining the profession. She stated that:

*“They’ll get a bit of a shock really. It’s not representative of daily life, like this is all hyper dramatized, it might not happen like once every ten years but happens every episode on these kind of shows”*

And Carol, in agreement, stated: *“I think they’d be so shocked.*

Lena articulated that the media do not show, *“the realities of the job”* consequently she explained that:

*"You're not going to have traumas rolling through your ward every day and helicopters landing in your courtyard and ferry boat crashes and planes crashing everywhere".*

Lena's narrative reflects a slightly different emphasis than previous participants, who had stated that the public would be shocked about the academic level of nursing. Lena, instead, is stating that the 'reality' of nursing is not as dramatic as portrayed in the media, which she asserted may also lead to surprise when pursuing nursing as a career.

Many participants also articulated that they too, were shocked on entering the profession. Emily, a second year student nurse, explained that she was shocked on entering the profession and therefore she assumed that this would be similar for other members of the public. She stated:

*"I don't think the public see a realistic nursing like image. I don't think they really get what nurses do. I do think some people understand what nurses do sometimes through what has been portrayed in the media. And therefore I quite honestly didn't know what I was in for when I became a nurse so it doesn't get portrayed properly. I didn't realise how many skills I'd uptake and things like that".*

Emily went on to explain that many nurses also left the job because of the element of 'shock'.

She explained: *"Well that's why so many people leave isn't it? She explained further, "because they don't really get what they're coming into".* In reference to herself, she articulated:

*"This nursing course is so academic based, you do a lot. I mean it's a shock. Sometimes I'm like 'why do you need to write essays when you are a nurse when it doesn't matter? And I mean I had the grades but I still struggle so it is difficult, you do need to be academic"*

When talking about his own image of nursing, Adam stated:

*"So then I heard about the social science at college which I thought 'This is completely weird' but then I thought 'I can do nursing how difficult can it be'? I was thinking it was going to be like some sort of YTS scheme or something like that, it would be dead easy to become a nurse and it wasn't at all. And actually there were points where I thought 'God I don't really want to do this'"*

Lucy, a nursing academic, stated that one of the reasons she joined the profession was because of Charlie from *Casualty* (1986- ), however, on joining the profession, she found that *Casualty* (1986- ) had not represented the 'reality' of what she found in practice. She explained that,

*"I suppose when you watch something on TV, like when I was at school and I watched Casualty on a Saturday night you get the full back story of people and you buy into their lives however the reality is... and what frustrates me and upsets me is that quite often I am only there for that snippet it's a privilege it a huge responsibility but it's a frustration because, sorry your relatives has passed away but now I need to go an deal with something else"*

She explained further:

*"It can be frustrating because you can scratch the surface of a social problem say something like a girl comes in self harm every night and you are night shift and all you do is suture them back up but you don't get the time to find out the back story and deal with that problem".*

In view of what she called the *"constraints of the area I work in"*, which she claimed was not reflected in *Casualty*, she stated, *"so damn you Charlie, you let me down"*

In summary, many participants in this study stated, firstly, that the public may be shocked coming in to the profession if they based their decision on the public and media image of nursing, and secondly, that they too were shocked on entering the profession as it did not fit with their expectations. This is consistent with the research of Brodie et al. (2004) and Price et al. (2013), who found that student nurses

were shocked when commencing nurse training, at both the academic content, and skill and knowledge required of nurses.

The participants' narratives also suggests that the public have an inaccurate perception of the skill and knowledge required of nurses, this is consistent with professional nursing literature, theoretical literature and empirical research which indicates that the public do hold a number of inaccurate perceptions of nursing (Brodie et al. 2004, Jinks and Bradley 2004; Price 2009).

### **‘Male Nurses are ‘Gay’**

Many participants in this study, when asserting that men who are nurses are represented as ‘gay’ in the media, also simultaneously explained that the public also think men who are nurses are gay. This, they explained would deter men from joining the profession. The participants' assertions reflect the research of Hemsley-Brown and Foskett (1999), Brodie et al. (2004) and Neilson and Lauder (2008), who found that the public have a number of ‘misconceptions’ about the profession, including the belief that men who are nurses are ‘gay’.

For example, Cate whilst discussing the assumption that men who are nurses are ‘gay’ stated:

*“Like I moved from Ireland to come and do this course and my ex-boyfriend and his friends were kind of like, 'Oh you don't really need to worry about her because even if there is lads on her course, they'll be gay so you don't need to worry kind of thing, which was like okay. So it is ignorance, it is a little bit maybe more to do with younger people I don't know”*

This narrative suggests that participants, whilst stating that the media represent men who are nurses as gay, also assume that there is a public assumption that men who are nurses are homosexual. This narrative is confirmed by the findings of Hemsley Brown and Foskett (1999), Brodie et al. (2004) who found that school students and student nurses on entering the profession, believed that men who are nurses were homosexual.

Emily, Brian and Joan explained that men who are nurses are assumed by the public as gay, because nursing is predominately a profession of women. Emily stated that nursing is a “*girls’ profession*”, so people would assume that men in nursing are gay, and similarly Brian reasoned that nursing was seen by the public as:

*“A woman’s profession and if a guy goes into it, he wants to show his feminine side, he’s gay”*

Similarly, Joan explained that men who are nurses are stereotyped as gay because:

*“Nursing is just about women; men shouldn’t be doing nursing”.*

The participants’ narratives support Donaldson’s (1993) assertion that nurses who are men are considered less than masculine on entering a profession assumed as more suited to women. Therefore, men who are nurses are subject to what Connell (2002) calls, ‘subordinated masculinities’, a key form of which is homosexuality.

Rachel and Carol, when discussing the media representation of men who are nurses, articulated that the public image of men who are nurses as ‘gay’, would discourage men from joining the profession. Rachel stated:

*“I think if you’re looking at 18 year olds coming straight in, not that there’s anything wrong, but they might not want to be perceived as, ‘Oh you’re a nurse, so you’re gay.’ I think that stereotype might put them off coming into the profession and they might be really someone who would be so good at it and be a valuable asset and they’d be missing out because they don’t want the stigma, is not the right word, but like the surrounding attachment to nursing”*

In reply, Carol articulated:

*“And even if it’s not even like being gay or whatever just being a part of like what clearly seems to be a female profession, maybe that maybe puts people off it too”*

Much like Carol, Adam explained that the public perception of nursing is of a profession of and for women and this would discourage men from coming into the

profession. In discussing his choice to come into the profession, Adam articulated that he was:

*“I think quite shocked”*

He went on to explain:

*“I think probably because back then it was only sort of only seven years ago I qualified and I suppose you're talking sort of over ten years when I actually applied and was in uni and stuff, it was probably not seen as a man's job. And it's probably not maybe seen as a nice job to do but it's not seen as a good job for a man to have, you know that's going to bring in the money and make you successful and all that”*

What participants are suggesting here, supports Miers et al's. (2007) assertion that, men in nursing are seen by the public as a contradiction to the association between nursing and femininity. This, Miers et al. (2007) assert, creates barriers to men entering the profession.

Much like Rachel and Carol, Brian asserted:

*“I think some people who would be scared to go in it just in case because there's some people I know that if someone calls them gay they're like 'No, I'm not, no I'm not” Like trying to do the big macho widen their shoulders thing”*

Likewise, Emily explained:

*“Yeah I think men would probably be embarrassed to come in. Plus, as well they'll be feared if they are going to be rejected when they're out on placement and stuff like that”*

The assertion from these participants that men could be embarrassed or scared to come into the profession was not reflected in any way by the men in this study. Indeed, participants who are men held a rather blasé opinion of the stereotyping of men who are nurses, stating very clearly that it didn't trouble them.



One participant, Adam, asserted that the media and public image of nurses who are men may be changing:

*“In some ways, nursing is different, there's more guys, it's got more respect, there's still some little niggly things like people assuming that you're the doctor or wanting to go and then speak to the doctor and irritations, but generally there's a feeling that it has changed and therefore there wouldn't be the same implications as there was with the young guy thirty years ago watching telly and seeing no male nurses”*

Adam explained further that:

*“I think there's probably enough out there for someone maybe at school to not be inhibited by going in, everyone is more accepting of people's choices. People are more respecting of people's decisions and what they do. And I think as a school kid you would still have an awareness of there are more female nurses than male but I don't think it would bother a lot of guys”*

Whilst Adam's narrative reflects many other participants' assertions that the public image of nursing is changing, the majority of participants still asserted that the public still perceived men who are nurses as gay, and this would affect the recruitment of men into the profession. Furthermore, as previously stated in Chapter Four, some participants themselves had stereotypical notions of men who are nurses. This suggests that this stereotype continues to be reproduced both in the media, and in general discourse, about nurses who are men.

In summary, this sub theme highlights that the majority of participants articulated that the public perceive men who are nurses as gay, and nursing as a profession of women. This, they asserted, may affect recruitment into the profession. This supports the empirical work of Hemsley Brown and Foskett (1999), Brodie et al. (2004) and Neilson and Lauder (2008), who found that the public do have stereotypical notions of the profession, which may prevent men from entering the profession.

## Critical Synthesis

This theme arose from how nurses talk about representation of nurses in the popular media, alongside the public image of nursing, as if they are indistinguishable. It reveals that participants, when discussing media representations as stereotypical and inaccurate, also express simultaneously, that the public hold a number of stereotypes and 'misunderstandings' about nursing, which may affect themselves and others. This public image of nursing, many participants articulated, affected their own behaviour, the public's reaction on entering the profession, and the recruitment of men into the profession.

Whilst this study does suggest, from a nursing perspective, that the public are stereotyping nurses who are men as gay, and that this could affect the recruitment of men into the profession, there is still a dearth of empirical consideration in this area. Therefore further research is still required which considers the potential impact of both the media representation, and the public's perception of men who are nurses on the recruitment of men into the profession.

The participants' narrative supports much of the well established debates which argue that the public do hold a stereotypical understanding of the profession (Morris-Thompson et al. 2011) and are also consistent with the findings of Takase et al. (2006), who found that nurses have a negative perception of the public image of nursing.

This study also adds to the field by highlighting a more intricate understanding of nurses' perspectives of the public opinion of nursing. This reveals that nurses, when discussing the media representations of nurses, do not distinguish between this and the public's opinion of nursing. This narrative confirms, from a nursing perspective, Holloway's (1992) assertion that, the media is only one part of a wider societal discourse about nursing. Indeed, whilst the participants presented a confusing and contradictory narrative concerning the impact of media representations on recruitment, they also assert that the public image of nursing has a profound effect on nursing, affecting the recruitment of men, their own behaviour and the reactions of individuals joining the profession. This suggests the need for further empirical work

with the public, on their image of nursing and the resultant consequences for nurse recruitment and retention.

## **Conclusion**

This chapter has provided an in depth analysis and discussion of four key themes identified through the rigorous process of thematic analysis: ‘criticism and approval’; ‘it doesn’t bother me’; ‘representation and recruitment’; and ‘the public image of nursing’. These themes reflect how nurses think and feel about nurse representations in the popular media, in terms of both themselves and the wider implications for the nursing profession.

Participants’ narrative overall supports, from a British nursing perspective, previous empirical research by Cullen (2012) and Hereford (2005), which found that nurses express a number of emotions related to representations of nurses in the media; these included, ‘anger’ ‘sadness’ and ‘joy’. I also found, similarly to Cullen (2012) and Hereford (2005), that participants thought nurse representations were both ‘negative’ and ‘unrealistic’. The participants’ narrative is also similar to the nursing professions claims that the media do not portray an accurate view of nursing, overlooking nurses’ real contribution to healthcare (Scottish Executive 2006; Nursing Times Net 2012 Royal College of Nursing 2012).

When considering the effects of media representations on recruitment into the profession, participants’ responses were both mixed and incongruous. Some participants asserted that representations would not affect the recruitment of nurses into the profession, and others, confirming the findings of Hereford (2005), Cullen (2012) and Weaver et al. (2013b), explained that representations of nurses in the popular media, would affect recruitment in to the profession. These conflicting responses demonstrate that participants negotiate representations in multiple and contradictory ways which may be related to an individual’s own experiences and personal context.

This study challenges the repeated assertion, within academic debate, that the representations of nurses in the media affect both nurses’ self-concept and self-

esteem (Bridges 1990; Gordon 2005; Salvage 2006; Kalisch et al. 2007; Darbyshire 2013; Summers and Summers 2015). Indeed in this study, participants asserted that representations did not trouble them or affect their sense of self, because firstly, they saw television and film as ‘just entertainment’ and secondly, they had a strong sense of themselves and their profession, which seemed to counteract any effect of the media on their sense of self.

This study also corroborates the assertions of Gordon and Nelson (2005) by identifying for the first time, that some participants approve of nurses represented within a ‘virtue script’, whilst disapproving of nurses represented as highly technical and skilled. The participants’ narrative also supports Price et al’s (2013) assertion that nurses hold an outdated and stereotypical understanding of the profession as a profession of virtue. The implications of this for the profession are further discussed in the conclusion of this thesis.

As already argued in Chapter Four, participants critique stereotypes whilst simultaneously enjoying them when they are reproduced in the media. This confirms Macdonald’s (1995) position, that women actively enjoy the media that they also critique. An explanation for this may be that, firstly, women nurses have a variety of ways of talking about representations and secondly, that nurses have been exposed to myths of femininity throughout their lives and they are, therefore, considered as normal categories and seen as acceptable. Nonetheless, this chapter also reveals that participants critique the representations they claim to enjoy, with participants acknowledging that there may be some consequences in how the media represent nurses.

This study also highlights a more intricate understanding of nurse perspectives of the media representation of nurses, illustrating that some nurses, when discussing the media representations of nurses, do not distinguish between this and the public opinion of nursing. This reveals that nurses believe that the public hold a number of stereotypes and ‘misunderstandings’ about nursing, which may affect themselves and others. This public image of nursing, many participants articulated, affected their own behaviour, the public’s reaction on entering the profession, and the recruitment

of men into the profession. This narrative supports much of the theoretical debate and empirical research which asserts that the public do hold a stereotypical understanding of the profession (Morris-Thompson et al. 2011).

This chapter has established that participants perceive and respond to representations in a variety of ways, providing multiple accounts of the media, contradicting both themselves and each other at various points in the research encounters. The participants', often inconsistent, dynamic and paradoxical positions in terms of nurse representations, have not been identified previously in research with nurses. The suggestion here is that nurses have a more complex understanding of media representations than previously established, thus providing a more nuanced understanding of how nurses' make sense of media representations and, indeed, the public image of nursing.

The next section provides a conclusion to this thesis, considering the implications and contribution this thesis has for existing knowledge on the media representation of nurses, for contemporary nursing discourse and for the nursing profession. In addition the conclusion provides an account of the strengths and weaknesses of the thesis and a reflection on my research journey.

## **Conclusion**

This conclusion offers reflections on the significance of the key findings to emerge from this research, their implications and contributions to the existing body of knowledge, and highlights new knowledge that has emerged from the research. In addition, the implications of my findings for the nursing profession will be explored. Finally, as required with a hermeneutic approach, I will provide a reflection on the hermeneutic strategy employed, my own experiences of the research process, identifying how my prior understanding of media representations has changed and reflect on the strengths and weaknesses of this thesis.

The study was justified by a number of factors; the popularity of hospital dramas and the increasing prevalence of hospital based ‘fly on the wall’ television programmes, a plethora of press coverage about the poor quality of nursing care, concerns from the nursing profession that the media representation of nurses has a detrimental effect on the nursing profession and nurses’ sense of self, and a scarcity of research which has explored nurses’ perceptions of representations of nurses in the popular media.

In addition, there is no published research to date, which has investigated how British nurses make sense of representations of nurses in the popular media or examined nurses’ perceptions of the consequences of such for nurses as individuals, and nursing as a profession. This thesis therefore set out to investigate this, and as such, the findings contribute something new to the current body of knowledge in this field. What is also novel in this research is that unlike previous research with student nurses, it has recruited nurses from a broad spectrum of the nursing profession, including nursing students, practitioners and those from an academic background.

This first section will synthesise key findings in relation to the three research questions on which this thesis was based. I will consider the novel contribution these findings make to the existing body of knowledge, make recommendations for future research and outline what I consider the main implications for the nursing profession.

## **How do nurses understand representations of nurses in the popular media?**

This thesis demonstrates that nurses hold both complex and ambivalent views of media representations, with participants interpreting representations in a variety of ways, often contradicting each other, and themselves at various points in the research encounters. This complexity has not previously been highlighted in research with nurses on their perceptions of media representations and, as such, provides a novel contribution to our understanding of how nurses make sense of representations of nurses in the media. The array of different and contradictory interpretations of representations that participants displayed is also in line with contemporary media theory, which contends that representations do not have a predetermined meaning, but that meaning is negotiated and contested between the representation and the individuals' own experiences and context (Hall 2007).

In this study, the way nurses describe representations in the media is consistent with previous theoretical and empirical literature, which argues that nurses are represented in the media by a number of stereotypes. These stereotypes identified both in the literature and by participants position women nurses as angels, naughty nurses, handmaidens and battleaxes, and men who are nurses as contrary to myths of masculinity (Muff 1982, Kalisch and Kalisch 1987; Bridges 1990; Darbyshire 2013; Summers and Summers 2015). In addition, reflecting the opinion of student nurses in Hereford (2005), Cullen (2012) and Weaver et al's. (2013b) studies, the majority of nurses in this study asserted that the media represents nursing primarily as a woman's job, despite a growing number of men in the nursing profession. Participants' also in line with previous literature asserted that nurses are represented in television hospital drama as 'invisible'; in minor and subsidiary roles (Darbyshire 2013; Summers and Summers 2015).

Participants also claim that representations have changed from 'traditional images' and stereotypes, to a more contemporary form, which they describe as a 'hi tech' and skilled nurse. Nonetheless, the majority of participants still assert consistent with academic debate, that nursing stereotypes still reoccur and persist in the media and circulate in broader social discourse (Darbyshire 2013). The identification by

participants of 'high tech' nurses in the media has not previously been identified in the literature and therefore provides a new understanding of nurse representations.

Reflecting both the nursing profession's response and research with student nurses, participants in this study considered representations both 'negative' and 'unrealistic', leaving nurses' real contribution to healthcare, overlooked (Hereford 2005; Cullen 2012; Darbyshire 2013; Weaver et al. 2013b). Alongside this, the nurses in the current study, similar to student nurses' opinions in previous research, expressed that representations made them feel angry and irritated. However, in this study, women participants also reported enjoyment from watching these representations in the media. This can be understood through the work of Macdonald (1995) who has argued that women often actively enjoy the media that they also critique.

Whilst previous work has indicated that the public come into nursing with a 'virtuous' understanding of the profession, which changes once they enter the profession (Brodie et al. 2004), this research also indicates that some nurses continue to hold a virtuous understanding of nursing after a prolonged period of working within the profession. In addition, this research supports Gordon and Nelson (2005) and Price et al's (2013) assertion that some nurses talk about nurses within what Gordon and Nelson (2005) label, a 'virtue script', which represents nurses as kind, caring and virtuous. This is the first study that has revealed that some nurses simultaneously approve of nurses represented within a virtue script, whilst disapproving of a contemporary representation of nurses as highly technical and skilled. This narrative is contrary to the professional call from the nursing profession for more up to date representations of nursing careers, which emphasise the idea that nursing is a skilled and knowledgeable profession (Scottish Executive 2006).

The approval by some nurses in this study of a virtue script may, I have argued, relate to the current emphasis within nursing on the importance of care and compassion (Royal College of Nursing 2012) which has arisen in light of accusations of poor quality care (MSNFT 2013). Likewise it could also be explained by the normalisation of myths of femininity which place a caring, uneducated role on women and a skilled one on men and a tendency for the public and nurses to



proclaim a 'golden age' of nursing, when nursing was a primarily a vocational and virtuous profession, both compassionate and caring (Gillett 2014). Whilst care and compassion are integral and important characteristics of nursing, my position is, if these are the only ways we understand and talk about nursing, then, the specialist and intellectual requirements inherent in being a professional will be overlooked. In addition, the problem with the virtue script is that it is based on 'myths of femininity', which includes the persistent stereotyping of nurses as angels and handmaidens, which positions nurses as nice, caring and virtuous and thereby uneducated, unskilled and subservient (Gordon and Nelson 2005; Price et al. 2013). This virtue script when reproduced supports the position that nurses only require a good heart and not an education. These myths reflect a gendered society which ascribes different characteristics to men and women; for example, ascribing the characteristic of nurturing to women and strength to men. This has created hierarchy and inequality between jobs traditionally assigned to men and women (Walby 1990).

These findings suggest the need for the profession to be aware of the implications of only talking about nursing as a virtuous, caring, and kind profession, as it has the potential to maintain structural sexism, undermine the profession, limit discourse about nursing and flatten the diversity of the profession. There is also a danger that current accusations of poor quality care in the media and a counter compassionate care discourse within the nursing profession, draws on binary myths of femininity which position nurses as either angelic, with no need for education, or demonic if they do not conform to the dominant angel stereotype. For example by providing poor quality care. Furthermore, nurses in falling foul of myths of femininity are in danger of supporting an argument which has re emerged alongside accusations of poor quality care (MSNFT 2013). This argument asserts that whilst nursing, as an all graduate profession, leads to a highly technical workforce it is not needed for a caring and compassionate profession (Gillett 2012; RCN 2012). This is a particularly damaging discourse in the light of increasing demands and pressures on nurses in terms of time, resources, rising expectations, changes in nurse roles and role expansion, indeed contemporary nursing requires more than ever both intellect and compassion (RCN 2012). Nursing as previously stated is now an all graduate

profession based on advanced knowledge and clinical competence which is acquired through a university education (Fealy 2004). In light of all this the nursing profession need to be careful, when emphasising the need for compassionate care, not to fall into a virtuous or nostalgic discourse which has the potential to greatly undermine nurses and contemporary nursing education

Whilst Jinks and Bradley (2004) have previously found that student nurses hold a stereotypical understanding of nurses, I was surprised to find that some registered nurses also appeared to hold a stereotypical understanding of nurses, with participants asserting that there was some 'truth' in the stereotyping of nurses who are men as gay and the stereotyping of women nurses as 'naughty'. A possible explanation for this, and nurses' enjoyment of representations, is that nurses have been socially constructed within myths of femininity and subordinated masculinities throughout their lives and therefore these myths are considered as 'normal' categories and seen as acceptable. Participants in asserting that stereotypes contain a 'truth' about nurses, are complicit in reproducing nursing stereotypes, and this, I argue may have consequences for the status of the nursing profession. It is suggested, then, that further research is required to establish the extent to which the way nurses' talk about nursing may have consequences for the status of the profession. In addition, nurses also need to recognise the part they play in reproducing persistent myths of femininity and subordinated masculinities, which maintain pernicious gendered social structures.

This study has found that, despite expressing a number of profound emotions towards the representation of nurses in the media, many of the participants seemed unconcerned by representations; this indicates that nurses are not motivated to challenge nurse representations. The participants' lack of concern about representations is contrary to the professional response to representations, which indicates concern about the implications of representations on the status of nursing and recruitment into the profession (Scottish Executive 2006; Summers and Summers 2015). This disinterest in representations necessitates the need to work with nurses, informing them of the implications of describing the profession within a

virtuous and stereotypical understanding. This may motivate nurses to challenge existing representations and the way they talk about nursing.

**To what extent do nurses think media representations have implications for their own sense of self?**

The theoretical literature asserts that the media affects nurses' self-concept/esteem (Kalisch and Kalisch 1983b; Kalisch and Kalisch 1987; Bridges 1990; Gordon 2005; Salvage 2006; Summers and Summers 2015), however, challenging this, participants in this research denied that representations would have an effect on their sense of self, as they saw the media as 'just entertainment'. Some participants also revealed a high sense of self and the nursing profession which, they stated counteracted the potential negative effect of media representations on their sense of self. There is no previous research which has asked nurses if representations affect their sense of self, therefore these findings both challenge the assertion within academic debate that media representations affect nurses' self concept/esteem, and provide a novel contribution to existing knowledge in this field.

Despite denying that representations affected their sense of self because the media was, just 'entertainment', there was a suggestion from some participants that the public opinion of nursing may affect nurses' sense of self. From a social constructionist perspective, participants can be seen here to be making an 'artificial' separation between public opinion and media discourse, indeed from a social constructionist perspective the media reproduces a discourse about nursing, which is already circulating in society.

Participants asserted that the public hold a number of stereotypes and 'misunderstandings' about nursing, which may affect themselves and others. This public image of nursing, some participants articulated, affected their behaviour socially, the public's reaction on entering the profession, and the recruitment of men into the profession. Whilst focussing on nurse perceptions of media representations this research also adds a nursing perspective to wider academic debate which asserts that the public do hold a stereotypical understanding of the profession, which has implications for recruitment and the status of the profession (Morris-Thompson et al.

2011). Whilst exploring the public's opinion of media representations was beyond the scope of this study, the assertions by participants that the public had a stereotypical understanding and a 'negative' opinion of the profession, suggests the need for further research with the public which considers the extent to which this is the case.

### **To what extent do nurses think media representations have implications for recruitment into the profession?**

This study found that participants present a contradictory narrative concerning the implications of media representations on recruitment into the nursing profession. Some participants challenged previous literature in this field, arguing that the media is 'just entertainment', so does not affect recruitment, and others reflect the findings of Hereford (2005), Cullen (2012) and Weaver et al. (2013b,) in asserting that the media would affect the public's opinion of nursing, in turn affecting recruitment. Moreover, some participants, whilst initially asserting that the media would not affect recruitment into the profession, on further reflection, explained that specific media portrayals, such as the representation of men who are nurses as gay, could have an effect on recruitment into the profession. This dynamic, complex and ambivalent narrative has not previously been found in research with nurses on their perceptions of the consequences of media representations for the profession. This finding therefore provides a novel contribution to existing conceptual debate.

### **Reflection**

As previously stated in the introduction to this thesis, I have had an awareness for some time of the way in which nurses have been represented in the popular media. I felt that representations did not reflect the diversity of nursing practice, or the level of skill and knowledge required of nurses. In addition, having a professional background in nursing, I felt that the media representation of nurses as angels and/or handmaidens or whores and battleaxes, was both undermining to my own sense of self and demeaning to the status of nursing as a profession. Through the process of this research, however, I have gained a more informed perspective of nurse representations, and can now acknowledge that these representations form part of a

wider discourse that circulates about nursing, which includes the way that the public and nurses talk about nursing. Whilst this study and previous literature indicates that representations have changed, with less evidence of stereotypes in the media, it is also evident that the media continues to represent nurses as women and by default reproduces myths of femininity. It is my belief then that if women continue to be given lower recognition than men in society, a discourse about nursing that portrays it as low in status and skill will continue to be reproduced.

On a positive note, this research has also given me a greater sense of pride in my profession, which was evident in many of the participants' narrative. This gives me hope that nurses themselves can bring about change in the public's perception of nursing, dispelling the myth that better educated nurses are less caring, such that strong candidates are attracted to the profession, driving the profession forward and increasing the status and value of the nursing profession.

Through the conduct of this research and the interpretation of participants' narrative I have come to a shared understanding; a fusion of horizons, between my own and the participants foregrounding. This has involved me acknowledging and highlighting my own understandings of the representation of nurses in the media. On entering a circle of interpretation some of my own assumptions about what the participants might have said have been challenged. This at times led to a certain amount of discomfort, particularly when the participants' narrative was unexpected. For example, I felt shocked that some participants seem to hold a stereotypical understanding of the profession, and others were unconcerned about media representations. I was aware that I held different perspectives to some of the participants consequently I was cautious not to add anything or take anything away from the participants' narrative. In addition, I also felt a sense of affinity with participants' when they revealed experiences or assumptions similar to my own.

As stated in the methodology I was also bewildered by the ambivalent, confusing and uncertain nature of the participants' narrative. I initially tried to resolve this, however as Doyle (2013, p.251) argues researchers need to tolerate the "discomfort of uncertainty" and keep an open mind to allow for the unexpected. This is very

relevant to this research as I found much I did not expect and indeed the participants' narrative has illuminated the multiple subjective 'realities' that individuals possess.

In relation to the research process itself, from its initiation to its completion, I have learnt much about the implementation, design and conduct of research, and whilst the completion of this lengthy and concentrated thesis, in combination with life and work, has undoubtedly been challenging, the development and learning that has arisen is immeasurable, and as stated in the introduction has taught me amongst other things, perseverance determination and untold endurance. In addition, as expected of the hermeneutic approach adopted, the interpretation of participants' narrative has left me changed both intellectually and personally. As Kakkori (2009, p.25) states, following a hermeneutic experience, "our 'world' undergoes a change, and we become changed as people along with it".

As with any research this thesis has both strengths and limitations. A particular strength of this thesis, I believe, is its interdisciplinary approach which has allowed me to answer the questions posed in a comprehensive manner. This hybrid approach has allowed me to draw on my own academic background in nursing and social science and more specific disciplinary areas, such as media sociology, gender and cultural studies. Furthermore, this approach has allowed me to provide a synthesis of previous work across disciplines as it relates to the representation of nurses in the media. This hybrid approach gives a fuller and more comprehensive account of academic discourse in this area than previously. Moreover, this thesis, in taking an interdisciplinary approach makes a contribution not only to nursing knowledge but also to media and gender studies in this field.

Another strength of this thesis, I assert, is its hermeneutic strategy, as this perspective provided a flexible and interpretative approach which has allowed an in-depth understanding of nurses' interpretations of the representation of nurses in the media. Utilising this approach has allowed me to reveal nurses complex and multiple realities as they relate to media representation of nurses. This complexity has not previously been highlighted in research. In addition, observing a central tenet of

hermeneutics, my own perspective of the representation of nurses in the media was not bracketed but has played an integrated part in the interpretation of participants' narrative. Consequently I have demonstrated, in answering the questions posed, a fusion of horizons, a shared understanding between myself and the participants which has implications for both nurses and the nursing profession.

However, one difficulty I found in utilising this approach is that Gadamer (1900-1976) provided no methodological prescription for hermeneutics. I, therefore, had to carefully and creatively construct my inquiry around the beliefs of Gadamer (1900-1976). Despite the complexities of this theoretical position, underpinning the methodology with Gadamer's (1900-1976) hermeneutics has allowed me to produce a thesis which, whilst putting the participants at the centre, has also acknowledged that I have been integral and interconnected to the process.

A limitation of any research, is that the interpretation is always limited and incomplete, indeed there is no final answer and always more to uncover. However, the qualitative nature of this research meant I was not looking for a final answer or indeed one answer, indeed I expected to uncover multiple and subjective realities. In addition If I had adopted a quantitative approach I would have failed to locate media representations within a nursing perspective which was the intention of this thesis. This research has been undertaken with a specific group of participants, and me as the researcher, in a particular time and context thereby this thesis is unique to both me and the participants at a particular moment in time. Despite this, as discussed, this thesis still has implications for previous research and nursing discourse in this area.

One aspect of this study I found particularly challenging, was the decision to consider a wider variety of media, from a nursing perspective, than in previous empirical studies which focus on film and television. However, I felt, in light of the popularity of 'reality' programmes concerned with health, and a plethora of news stories about poor quality nursing care, that a nursing perspective was necessary. My concern though, was that this would reduce what nurses had to say about specific media. In the end, after much deliberation, I decided that limiting the types of media

that participants could talk about, would have introduced a limitation on the participants' discussion. Therefore, participants were free to discuss any media they thought relevant. Whilst participants mostly focused on television hospital drama, they also provided some important observations about documentaries, for example participants asserted that 'fly on the wall' documentaries were 'realistic' and that the news media represented nurses in a 'negative' way. This allowed a wider appreciation of the media from a nursing perspective than has previously been considered.

In summary, this thesis has investigated how British nurses make sense of representations of nurses in the popular media and their perceptions of the consequences of such, for recruitment into the profession, and their own sense of self. It provides a much needed account of how nurses construct meaning related to the representation of nurses in the media. Indeed, utilising the flexible and interpretative approach of hermeneutic inquiry, has allowed for consideration of the dynamic and complex nature of nurses' relationships with the representation of nurses in the media, in a field which has been previously dominated by systematic media analysis, questionnaires and surveys, which have adopted a positivist approach.

This thesis indicates that nurses continue to be subject to news stories which criticise the quality of nursing care and a plethora of nursing stereotypes based on myths of femininity and subordinated masculinities which undermine the diversity and complexity of the profession. This representation of nurses, I argue, can play some part in constructing and maintaining dominant discourse about nursing which restrains change, influencing both the status of and recruitment into the profession. And critically for nursing, this also occurs at a time that the profession is challenged by increasing and competing demands alongside a discourse that undermines nursing education.

This exploration has both confirmed and challenged existing research but has also contributed significantly to the existing body of knowledge, providing a novel



understanding of how nurses make sense of media representations. This thesis also has important implications for nursing; if indeed some nurses are reproducing a discourse about nursing which undermines the profession then nursing organisations and individual nurses have a part to play in challenging their own perceptions of nursing, how they talk about nursing and the perpetuation of dominant representations of nurses in the media.

### **Final Recommendations for Future Research**

This thesis is the first UK study to investigate how British nurses make sense of representations of nurses in the popular media and their perceptions of the potential implications of media representations for nursing, as a profession and for their own sense of self. This work reports on the popularity of hospital dramas and the increasing prevalence of hospital based ‘fly on the wall’ television programmes, a plethora of press coverage of poor quality of nursing care, and concerns from the nursing profession that the media representation of nurses has a detrimental effect on the nursing profession and nurses’ sense of self. Acknowledgement of this provides further justification for ongoing research in this area.

Despite the interdisciplinary nature of this thesis and previous research in this area, its primary focus has been on how British nurses make sense of representations of nurses, and therefore any implications arising from this work have particular consequences for the nursing profession. I therefore argue that researchers who are nurses should play a role in the conduct of further research. This research would sit within the existing analysis of the representation of nurses in the media and a broader enquiry into the contemporary nature and scope of nursing practice.

Based on all the findings of this thesis the following list summarises my final recommendations for future research. This provides clear recommendations for future research and further illuminates where the findings of the thesis sit within contemporary nursing research.

1. This is the first study that has revealed that some nurses simultaneously approve of nurses represented within a virtue script, whilst disapproving of a

contemporary representation of nurses as highly technical and skilled. This narrative is contrary to nursing research concerning the contemporary nature and scope of nursing practice and calls from the nursing profession for more up to date representations of nursing careers. This body of work emphasises the idea that nursing is diverse, complex and dynamic, simultaneously requiring knowledge, skill care and compassion (Scottish Executive 2006, RCN 2012). It is suggested, then, that further research is required to establish the extent to which, and why nurses approve of a virtue script, and to explore the consequences of this for contemporary nursing discourse and professional practice which emphasises the necessity for compassionate practice in nursing (DOH 2012; Royal College of Nursing 2012; MSNFT 2013).

2. Whilst exploring the public's opinion of media representations was beyond the scope of this study, assertions by participants that the public had a 'negative' and stereotypical understanding of the profession suggests the need for further research with the public, which considers the extent to which this is the case and the implications this may have for recruitment into the profession.
3. This study found for the first time that some registered nurses appear to hold a stereotypical understanding of nurses and therefore could be complicit in reproducing nursing stereotypes which do not reflect the diversity of nursing practice, nor the level of skill and knowledge required of nurses. It is suggested, then, that further research is required to establish the ways in which nurses' talk about nursing and to consider how nursing education is equipping nurses with the critical skills to understand and challenge nursing stereotypes.
4. Men who are nurses are the subject of an emerging area of nursing research due to the increasing number of men in the nursing workforce and the identified need to recruit men in light of potential nurse shortages (Weaver et al. 2013a). This study suggests that men who are nurses are subject to gender stereotyping, as much as women who are nurses. This indicates the need for further research which investigates the stereotyping of men who are nurses

and any implications this may have for recruitment of men into the profession.

5. As previous research in this field has been dominated by a positivist approach, whose methodology has been characterised as systematic media analysis, questionnaires and surveys, it is my belief that future research should adopt a naturalistic/relativist position which assumes that reality is multiple and subjective, created through our interactions with others (Burr 2003). This research then would be interested in the quality, meanings and nature of participants' narrative, informing us about the lived experiences of nurses in relation to the representation of nurses in the popular media.

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## Appendix A

### British Television Hospital Drama and Hospital Based Comedy (1957-2016)

TITLE	YEAR	EPISODES/SERIES	LENGTH	CHANNEL
<b>Emergency Ward 10</b>	1957-1967 (19/2/1957-27/6/1967)	1016	966 30 minute episodes and 50 one hour installments	ATV Network Production for ITV
<b>General Hospital</b>	1972-1979 (19/10/1972-19/12/1979)	164	110 x 30 min, then 54 x 60 min episodes	ATV for ITV
<b>Angels</b>	1975-1983 (1/9/1975-22/12/1983)	220	50 minutes to 1978, 25 minutes from 1979.	BBC 1
<b>Casualty</b>	1986- (06.09.1986- )	511/20	50 minutes	BBC1
<b>Children's Ward</b>	1989-2000 (15.3.1989-4.5.2000)	143	25 minutes	ITV
<b>Medics</b>	1990-1995 (14.11.1990-24.11.1995)	40/5	50 minutes	ITV
<b>Cardiac Arrest</b>	1994-1996 (21/4/1994-21/6/1996)	27/3	30 minutes	Island World Productions for BBC1
<b>Holby City</b>	1999- (12.01.1999-	412	50-60 minutes	BBC
<b>The Royal</b>	2003-2011 (19.2.2003-31.7.2011)	87/8	60 minutes	ITV
<b>Casualty and Holby City</b>	2004-2005	9	50 minutes	BBC
<b>Green wing</b>	2004-2006 (03.09.2004-19.05.2006)	17/2 Christmas episode 04.01.2007	65minutes	Channel 4
<b>Doctors and</b>	2004-2004	6	30 minutes	BBC

<b>Nurses</b>	(30.01.2004- 17.02.2004)			
<b>No Angels</b>	2004-2006 (02.03.2004- 11.04.2006)	26/3	50 minutes	Channel 4
<b>Bodies</b>	2004-2006 (23.6.2004- 13.12.2006)	16	60 minutes	BBC
<b>Getting On</b>	2009- (24.11.2013- 13.12.2015)	18/3	30 minutes	BBC
<b>Crash</b>	2009- (9.9.2009-)	9	30 minutes	BBC WALES
<b>Monroe</b>	2011-2012 (10.03.2011- 5.11.2012)	12/2	46 minutes	ITV

## Appendix B

### American Television Hospital Drama and Hospital Based Comedy (1952-2016)

TITLE	YEAR	EPISODES/SERIES	LENGTH	CHANNEL
<b>City Hospital</b>	1952-1953 (25.3.1952- 1.10.1953)	112	30 minutes	CBS
<b>Medic</b>	1954-1956 (13.9.1954- 27.08.1956)	59	30 minutes	NBC
<b>Dr.Kildaire</b>	1961-1966 (28.9.1961- 5.5.1966)	191/5	50 minutes	NBC
<b>Ben Casey</b>	1961-1966 (2.10.1961- 21.3.1966)	153/5	60 minutes	Bing Crosby Productions
<b>The Doctors</b>	1963-1982 (1.4.1963- 31.12.1982)	5280	30 minutes	NBC
<b>General Hospital</b>	1963- (1.4.1963)	13524	30-60 minutes	ABC
<b>The Nurses</b>	1965-1967 (27.9.1965- 31.3.1967)	395	30 minutes	ABC
<b>The Medical Centre</b>	1969-1976 (24.9.1969- 6.9.1976)	171	60 minutes	MGM
<b>Temperatures Rising</b>	1972-1974 (12.9.1972- 29.08.1974)	46	22-24 minutes	ABC
<b>M*A*S*H</b>	1972-1983 (17.9.1972- 28.2.1983)	251	25 minutes	
<b>Doctors' Hospital</b>	1975-1976 (10.9.1975- 14.1.1976)	13	48 minutes	NBC
<b>St Elsewhere</b>	1982-1988	137/6	45-48 minutes	NBC

	26.10.1982- 25.5.1988)			
<b>Kay O'Brien</b>	1986 (26.9.1986- 20.11.1986)	13	60 minutes	CBS
<b>China Beach</b>	1988-1991 (27.4.1988- 22.7.1991)	62/4	42 minutes	ABC
<b>Nightingales</b>	1989 (21.1.1989- 26.4.1989)	13/1	60 minutes	NBC
<b>Chicago Hope</b>	1994-1995 (18.9.1994- 4.5.2000)	141/6	42-44 minutes	CBS/TVGN
<b>ER</b>	1994-2009 (19.9.1994- 2.4.2009)	331/15	45 minutes	NBC
<b>City of Angels</b>	2000 (16.1.2000- 21.12.2000)	24/2	44 minutes	CBS
<b>Scrubs</b>	2001-2010 2.10.2001- 17.3.2010	182/9	20-23 minutes	NBC/ABC
<b>Presido Med</b>	2002-2003 (24.9.2002- 24.1.2003)	16	44 minutes	CBS
<b>House</b>	2004-2012 (16.11.2004- 21.5.2012)	177/8	50 minutes	FOX
<b>Grey's Anatomy</b>	2005- (27.03.2005-)	256/12	43 minutes	ABC
<b>General Hospital: night shift</b>	2007-2008 (12.07.2007- 21.10.2008)	27/2	45-48 minutes	Soap net
<b>Children's Hospital</b>	2008- 8.12.2008)	75/7	11 minutes	Adult swim

<b>Hawthorne</b>	2009-2011 (16.6.2009- 16.8.2011)	30/3	42 minutes	TNT
<b>Nurse Jackie</b>	2009-2015 (8.6.2009- 28.6.2015)	80/7	30 minutes	Showtime
<b>Mercy</b>	2009-2010 (23.9.2009- 12.5.2010)	22	41-43 minutes	NBC
<b>Monday Mornings</b>	2013 (4.2.2013- 8.04.2013)	10	42 minutes	TNT
<b>Remedy</b>	2014-2015 (24.2.2014- 19.5.2014)	20/2	30 minutes	Global
<b>The Night Shift</b>	2014- (27.5.2014-)	22/2	43 minutes	NBC
<b>The Knick</b>	2014 (8.8.2014-)	20/2	42-57 minutes	Cinemax
<b>Code Black</b>	2015- (13.9.2015-)	18/1	40-44 minutes	Disney/ABC
<b>Chicago Med</b>	2015- (17.11.2015-)	11/1	40 minutes	NBC

## Appendix C



Queen Margaret University  
EDINBURGH

### Information Sheet for Potential Participants (Focus Group)

#### Dated:

My name is Martina Balaam and I am a PhD student from the Division of Nursing at Queen Margaret University in Edinburgh.

The title of my project is **Nurses' perceptions of representations of nurses in the media: Implications for the profession**

As part of my PhD, I am undertaking a study into nurses' perceptions of nurse representation in the media and the implications for nurses as individuals and for nursing as a profession.

I would like to invite you to consider taking part in my study. There are no criteria (e.g. gender, age, or health) for being included or excluded – everyone is welcome to take part.

If you agree to participate in the study, you will be asked to take part in a discussion group with other nurses or student nurses. You will also be asked to bring to the discussion group a still or moving image of a nurse or nursing that you have found in the media. The discussion group will be audio recorded using a digital recorder.

This study has ethical approval from the Division of Nursing Ethics Committee Queen Margaret University and I am aware of no risks associated with this study. The discussion should take no longer than 60 minutes. You will be free to withdraw from the study at any stage and you would not have to give a reason.

All data will be anonymised as much as possible, and only I, as the researcher, will have access to the audio recordings of your voice. Your name will be replaced with a participant number, and it will not be possible for you to be identified in any reporting of the data gathered.

The results may be published in a journal or presented at a conference or similar scholarly pursuits and are not for financial gain.



If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Dr Lindesay Irvine. You can also contact my PhD supervisor Dr Richard Butt. All the contact details are given below.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in this study, please contact me on the details below.

**Contact details of the researcher**

Name of researcher: Martina Balaam  
Address: School of Health Sciences/Nursing  
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**Contact details of the independent adviser**

Name of adviser: Dr Lindesay Irvine  
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Division of Nursing  
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Queen Margaret University Drive  
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**Contact details of PhD Supervisor**

Name: Dr Richard Butt  
Dean of the School of Arts and Social Sciences  
Address: School of Arts and Social Sciences  
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Queen Margaret University Drive  
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East Lothian EH21 6UU  
Email / Telephone: rbutt@qmu.ac.uk/0131 4754 0000

Thank you for your time and consideration of this

Martina Balaam

## Appendix D



Queen Margaret University  
EDINBURGH

### **Information Sheet for Potential Participants (Interview)**

Dated:

My name is Martina Balaam and I am a PhD student from the Division of Nursing at Queen Margaret University in Edinburgh.

The title of my project is **Nurses' perceptions of representations of nurses in the media: Implications for the profession**

As part of my PhD, I am undertaking a study into nurses' perceptions of nurse representation in the media and the implications for nurses as individuals and for nursing as a profession.

I would like to invite you to consider taking part in my study. There are no criteria (e.g. gender, age or health) for being included or excluded – everyone is welcome to take part.

If you agree to participate in the study, you will be asked to take part in a one to one interview. You will also be asked to bring to the interview a still or moving image of a nurse or nursing that you have found in the media. The interview will be audio recorded using a digital recorder.

This study has ethical approval from the Division of Nursing Ethics Committee Queen Margaret University and I am aware of no risks associated with this study. The discussion should take no longer than 60 minutes. You will be free to withdraw from the study at any stage and you would not have to give a reason.

All data will be anonymised as much as possible, and only I, as the researcher, will have access to the audio recordings of your voice. Your name will be replaced with a participant number, and it will not be possible for you to be identified in any reporting of the data gathered.

The results may be published in a journal or presented at a conference or similar scholarly pursuits and are not for financial gain.

If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Dr Lindesay Irvine. You can also contact my PhD supervisor Dr Richard Butt. All the contact details are given below.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in this study, please contact me on the details below.

**Contact details of the researcher**

Name of researcher: Martina Balaam  
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**Contact details of PhD Supervisor**

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Thank you for your time and consideration of this

Martina Balaam

## Appendix E



Queen Margaret University  
EDINBURGH

### **Nurses' perceptions of representations of nurses in the media: Implications for the profession**

#### **Focus Group Guide**

Do not disturb sign on door

Welcome **AND GET CONSENT**

Give out name stickers at the same time as they fill in demographics they can use false names or characters. Explain that participants can use each others names during the discussion that they will be anonymised when transcribed and pseudonyms used.

#### **Begin**

Provide an overview of what is going to happen/the format, ground rules, mobile phones off, ethics etc.:

I will take notes during the group as a reminder not about participants

Remember Fern (2001) reflective listening.

#### **PROMPTS**

##### **HOW ARE NURSES REPRESENTED?**

Can you think of any representations of nursing in the media?

- Have you brought any examples, if so tell me about them?
- Can you think of any other examples from the media, tell me about them?

What do you think of these representations?

##### **ARE THERE ANY IMPLICATION?**

What potential impact do you think the images discussed may have on nursing as a profession?

- Recruitment

How do these images make you feel

**SUMMARY AT END** the purpose of this focus group was to do you think we have left anything out?  
(Establish if they think anything missed)

**ANY QUESTIONS OR FURTHER COMMENTS**

**THANK YOU AND CLOSE**

## **Appendix F**



Queen Margaret University  
EDINBURGH

### **Nurses' perceptions of representations of nurses in the media: Implications for the profession**

#### **Interview Guide**

Welcome **GET CONSENT** and demographics

#### **Begin**

Provide an overview of what is going to happen/the format, ground rules, mobile phones off, ethics etc.:

I will take notes

Remember Fern (2001) reflective listening

#### **ABOUT YOU**

Why did you become a nurse?

#### **PROMPTS**

#### **HOW ARE NURSES REPRESENTED?**

Can you think of any representations of nursing in the media?

- Have you brought any examples, if so tell me about them?

What do you think of these representations?

#### **ARE THERE ANY IMPLICATIONS?**

What potential impact do you think the images discussed may have on nursing

**Public Image of Nursing?**

- Recruitment

How do these images make you feel about yourself

**SUMMARY AT END** the purpose of this interview was to o you think we have left anything out?  
(Establish if they think anything missed)

**ANY QUESTIONS OR FURTHER COMMENTS**

**THANK YOU AND CLOSE**

## Appendix G

### Transcript Excerpts

#### Excerpt from transcript: Interview six

- P: Well my career followed a critical care pathway but it never was in coronary care, Cardiff ICU which are very, very regimented. I ended up in HDU which is much less regimented and a bit more wild and unpredictable and I think that it was that unpredictable nature that I liked. And I suppose that one of the things that I'd been thinking of is that probably my favourite, favourite, favourite programme ever was ER. And that was definitely ER.
- M: Was that when you were already a nurse? Or a student nurse? Or before?
- P: Well it's interesting. I was looking at, I treated myself recently to the first series of ER. And where are we now? That's 2014, it was 20 years old. So it was '94 wasn't that when it came out so I was already a nurse.
- M: Okay.
- P: I don't remember much about-- I've never been one for Holby City or Casualty.
- M: You don't remember watching them before.
- P: I think I probably did.
- M: But they didn't in any way affect your career choices?
- P: No that wasn't my-- but we used to watch ER in my flat.
- M: And liked it?
- P: Oh loved it. It was realistic from all points of view. I mean yes you could argue that the terrible things that happen in that ER in obviously a month wouldn't happen to anyone ER in a career. But actually when you watch things like the London programme that's on at the moment 24 Hours in A&E you actually see that's there's a lot of-- I mean ER is very Americanised but it does certain things and it's camera angles and things you are immediately drawn in and it was very realistic in terms of everything they did.



- M: What impression do you think ER would give to the public?
- P: Well it's one of these interesting things. When I went into nursing people talked about Angels but I don't actually think that influenced me hugely. But I do remember when I came here at first there was actually stuff in the news about how people watched Holby City and Casualty and it was actually giving the public a certain impression of nurses that was unfavourable. Do I think they actually influence people to come in? I mean I think I liked what ER was, it was exciting and it seemed to be about high esoteric knowledge and skill which was what had been ingrained in me as a nurse, it wasn't all that 'Oh we never knew what we were doing' it was all about being skilled and that appealed to me.
- M: Because you thought, it was more realistic?
- P: Well I thought it was more realistic but it was also about celebrating competence. I mean I suppose I thought about it theoretically as that at the time but it was about the people that were real heroes are the ones that really knew stuff. You know it was about the ones who were effective and you really thought 'Oh yeah'.
- M: Do you feel the public were watching it and thinking this is what nursing is about?
- P: Well? That is interesting because nurses are--and ER nurses are represented in not great ways. There's the lovely young good looking one who is sleeping with doctors and who is almost an honorary doctor and you don't watch it for the nurses very much, you watch it for the doctors because it's a programme about doctors but then often that is what it is all about.
- M: So you watch it for the doctors then, what are the nurses doing in ER?
- P: In ER? Cleaning, bitching about each other, playing games, punishing the doctor, wakening the doctor up.
- P: Oh, it's the same kind of role model. I mean there is still a bit of competence, you know that whole scene that's moving into the recovery and the rescue. But it's got a very different tone to it. It's the same as oh my goodness MASH, there's been reruns of MASH on one of the channels and I mean MASH was when I was a kid.

## APPENDIX H

### Excerpt of transcript: Focus group two

P3: It's quite interesting because I looked up Frankie. Now Frankie is a district nurse and I wanted to bring that to the floor because just before Frankie came out there was quite a number of programmes about district nursing and they were dreadful. They were kind of reality things as opposed to dramas and they were all district nurses giving (insulin injections into the old wound?) you know? And having known about a colleague down south who went out with a TV crew and took them to very complex patients and they wouldn't televise it, they wouldn't show it because they said it wasn't good telly. So therefore they weren't prepared to actually present a more real image of nursing. So when Frankie came along I liked it. And part of the reason I liked it was because I liked Frankie and I liked the kind of-- that's Frankie, quite relaxed, obviously chatting to one of her team members and there is a bit of fun in Frankie. But when I looked at images there were also quite a few when she was a bit sexy and I'd think 'No, no, no, I don't want to bring that' but there is that in it as well. And I think you're asking 'Is it real?' there are real bits in it and not real bits in it. Some of the bits that are not real are nurses delivering a baby in a crew of traffic and she's not getting to somebody's birthday because she's up all night when somebody is labour. Well district nurses don't deliver babies and they don't get involved. And you know I never once didn't manage to go to a family something because something had kept me at work so late, do you know what I mean?

But equally actually if you watch it what is portrayed are the values that you were talking about that are still there today about the real commitment to patients and patient care. And within district nursing what is very clear about commitment to the family as well. Frankie is actually if you really watch it was really very insightful from not just a kind of medical lens but also a social lens as well. I'm not sure though how often Joe Public would pick that up. So there are some bits of it that I'm really drawn to because I think actually yeah you are portraying a district nurse here, but I am fairly convinced that the public wouldn't pick that up.

P1: The images of nursing that I do think are quite good in the media at the moment I think are the 24 Hours in A&E ones and the fact that they've got a good cross section of A&E nursing populations so I think that's quite realistic, I'm sure that's probably come up with other people. I think if I was thinking about a career in nursing or a career in healthcare I would be locked in to watching 24 Hours in A&E. I think it was (unclear 19:34) on television was what caught my eye when I was deciding about nursing as a career. So there

wasn't so much about the media stuff but there was real stuff that was on telly. But I think the 24 Hours in A&E one is good because it's got male nurses, it's got older nurses, it's got younger nurses, basically it's got the whole collection as well as all the members of the team. And you do hear what they say and you're able to watch how they come into the cubical and how they introduce themselves to the patients and the families.

P3: I suppose for me though I don't like things apart from the drama side of Casualty and Holby City, but I loved ER. If there was a hospital drama that I just loved and for the characters in it but also some strong representation of female nurses and in terms of leadership as well I just thought that was a strong series and I think that probably for me was one that jumped out. I can't remember the name but it was one of these A&E nurses, well ER nurses there, that I thought was a really good role model in terms of how to behave. Whereas on the other side of that now which okay is funny but also makes you wince is Nurse Jackie, which you just think I'm really glad-- I don't know if I would ever want to work with somebody like that or not work with somebody like that because that was a different role whereas I felt they had really good examples in ER that were more positive. And they were all in scrubs, it wasn't you know the uniform wasn't so much about it, it was more about them as individuals and how they were professionally sort of jumped across. So I thought there were positive models there.

M: Do you think that's different because we talked as well about Holby City and Casualty so that's ER and Nurse Jackie, as you said is there something different happening between sort of American and British? Because nobody has really said anything about Casualty so much, but a lot of people do talk about ER.

P1: I think House, which I think is an extremely entertaining programme; the images of nursing in it are really quite weak.

M: Yes.

P1: I think that's interesting and that's American and that's obviously the focus is on the diagnostic medicine and how fabulous that is. But nurses often come off badly in their portrayal.

M: Sorry as opposed to the doctor's sort of thing?

P1: Yeah well the doctors don't come across well either but the nurses knowledge base is really poor and you're looking at some sort of routine low skill task things but don't ask me anything complicated kind of idea.